

**SUNY ONEONTA – INSTITUTIONAL REVIEW BOARD (IRB)
CONSENT FORM HELP (Fall 2010)**

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CONSENT FORM CHECKLIST

This checklist is intended as a guide to help researchers design their consent forms.

Note: Researchers still must attach their consent forms to their IRB applications for review. Listed below are the basic elements of a consent form. When appropriate, a consent form might include additional information.

_____ The Primary Investigator’s name and affiliation

_____ The purpose of the study, described in non-specialist terms

_____ Description of what the subject(s) can expect, such as the time that he or she will spend participating in the study, whether or not the activities will be recorded and on what media (audio, video, etc.)

_____ Description of potential risks, such as discomfort that might arise from discussion of sensitive topics

_____ A detailed statement concerning confidentiality, explaining how confidentiality will be maintained, such as how and where information will be stored

_____ A statement indicating the participation is voluntary, and that the subject:

- May decline to participate, which also should be emphasized when the research requires the subject to complete all tasks (e.g., answer *all* questions on an inventory test)
- May refuse to answer questions
- May withdraw at any time without penalty

_____ A statement explaining that the subject’s signature indicates consent, with space for the signature and the date

If the subject is a minor or a member of a protected category of human subjects, then consent of a parent or guardian must be obtained

_____ The following statement should appear on the consent form, prefacing contact information:

If you have any questions or concerns about this study or about your rights as a subject in this research, you are encouraged to contact the investigators on this study or the co-chairs of the Institutional Review Board at SUNY Oneonta:

_____ Contact information for:

- Primary Investigator (s)

- Faculty supervising the research (if the researcher is a student)
- Dr. Craig Bielert (phone: 436-3219 or e-mail: bielercf@oneonta.edu) or Dr. Joanne Curran (phone: 436-2541 or e-mail: curranjm@oneonta.edu), Co-Chairs of the Institutional Review Board (IRB) at SUNY Oneonta.

EXAMPLE OF CONSENT FORM FOR PSYCHOLOGY STUDY

INFORMED CONSENT STATEMENT FOR _____

STUDY PURPOSE:

You are invited to participate in a research study examining _____. The purpose of the study is to understand _____.

NUMBER OF PEOPLE TAKING PART IN THE STUDY:

If you agree to participate, you will be one of _____ subjects who will be participating in this research.

PROCEDURE FOR THE STUDY:

If you agree to be in the study you will take part in a task where you'll be asked to _____. After you have completed the task, you will be asked about reactions to the task and given an opportunity to comment on your experience.

RISKS OF TAKING PART IN THE STUDY:

This study is anonymous and there is minimal risk of loss of confidentiality. There are no physical risks in this study. The risk of completing the perceptual orientation task includes possible psychological discomfort or fatigue. This risk is very small. You can tell the researcher if you feel uncomfortable, and may choose to not answer any question that makes you uncomfortable. You may withdraw from the study at any time and still earn full credit.

BENEFITS OF TAKING PART IN THE STUDY:

The benefits to participation are that you will learn about the purpose and practices involved in psychological research.

COSTS/COMPENSATIONS:

There is no cost to you for participating in this study. You will not receive payment for taking part in this study. You may receive partial course credit by participating. However, you can earn this credit in other ways if you do not wish to participate in this study.

CONFIDENTIALITY:

Your responses will be anonymous and will be held in strict confidentiality. The only identifying mark on the materials you complete will be a randomly assigned code number, which can in no way be linked to your identity. All data will be stored on a password protected computer and in a locked filing cabinet in the primary investigator's office.

CONTACTS FOR QUESTIONS OR PROBLEMS:

If you have any questions or concerns about this study or about your rights as a subject in this research, you are encouraged to contact the investigators on this study or the co-chairs of the Institutional Review Board at SUNY Oneonta:

- Dr. _____ (Phone: ___ - ___ or e-mail : _____@oneonta.edu).
- Dr. Craig Bielert (phone: 436-3219 or e-mail: bielercf@oneonta.edu) or Dr. Joanne Curran (phone: 436-2541 or e-mail: curranjm@oneonta.edu), Co-Chairs of the Institutional Review Board (IRB) at SUNY Oneonta.

VOLUNTARY NATURE OF STUDY:

Taking part in the study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled.

SUBJECT'S CONSENT:

In consideration of all of the above, I give consent to participate in this research study. I acknowledge receipt of a copy of this informed consent statement.

SUBJECT'S SIGNATURE: _____ ***Date:*** _____

EXAMPLE OF CONSENT FORM FOR INTERVIEW STUDY

CONSENT FORM – ETHNOGRAPHIC INTERVIEW

Thank you for your participation in this research project, which is titled:
_____.

As an undergraduate student at SUNY College at Oneonta, I am conducting this research as a required activity for a seminar in the anthropology department, _____. The purpose of the class is to introduce students to practical skills and field methods used by anthropologists. A focus of the class is on the interview. To this end, I am required to record and transcribe an interview that is relevant to my project.

The topic of this interview will be:_____.

Your participation will entail recording one interview (about 45 minutes) on this topic. It will involve conversation and reflection as you might encounter in daily, ordinary activities. You have the right to decline answering any question, or to end the interview.

Your participation in this project is voluntary. You have the right to withdraw from this project at any time, with no further obligation.

Your name will not appear on documents associated with this research project, such as recordings, transcripts, research reports, class presentations, or final papers. At the end of the course, the recordings themselves will be erased.

By signing and dating your signature below, you will indicate that you give your consent to participate in this project, and have your interview recorded on audio media.

Signature Date

Contact information

For student researcher:

For faculty supervisor:

Name: _____
Phone: _____
E-mail: _____

Name: _____
Phone: _____
E-mail: _____

If you have questions or concerns about your participation in this study, you also may contact Dr. Craig Bielert (phone: or e-mail:) or Dr. Joanne Curran (phone: or e-mail:), Co-Chairs of the Institutional Review Board (IRB) at SUNY Oneonta.

If you have further questions or suggestions, please do not hesitate to be in touch.

EXAMPLE OF CONSENT FORM FOR STUDY WITH CHILDREN

February 2009

Dear Parent/Guardian:

I am a graduate student at the State University of New York at Oneonta completing my Master's Degree in Education. I am currently enrolled in the final research seminar. This course requires that I conduct a study of teaching and learning in a classroom setting. The purpose of this research is to (1) design positive learning experiences for students and (2) analyze the students' learning to help become a more effective teacher.

This letter is to request permission for your student to participate in this six-week study. Participation will involve students _____. As part of the data collection process, I plan to videotape some of the classroom situations and audiotape some of the class discussions. The purpose of these recordings will be to help me examine behaviors and comments that I might miss, and to refine my own skills as a reflective teacher and researcher

I am certain that your student will enjoy being part of the study and I look forward to having him/her participate. Throughout the study, I will be sensitive to your student's privacy. Confidentiality will be maintained at all times. Your student's involvement is voluntary; he/she may withdraw at any time. There will be no effect on your student's grade, and the study directly correlates with the curriculum.

I hope that you will agree to allow your student to participate. I will be happy to answer any questions that you may have. Feel free to contact me at 607-____-____, or my faculty supervisor, Dr. _____, at 607-____-____.

If you have questions or concerns about your participation in this study, you also may contact Dr. Craig Bielert (phone: or e-mail:) or Dr. Joanne Curran (phone: or e-mail:), Co-Chairs of the Institutional Review Board (IRB) at SUNY Oneonta.

Sincerely,

I give permission for _____ to participate in a teaching and learning project.

Parent/Guardian

I give permission for _____ to videotaped and/or audiotaped in connection with this research study.

Parent/Guardian