



**SUNY ONEONTA – INSTITUTIONAL REVIEW BOARD (IRB)  
CONSENT FORM HELP (Spring 2016)**

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## SUNY ONEONTA – INSTITUTIONAL REVIEW BOARD (IRB)

### 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 and that they are **18 years of age or older**, with space for the signature and the date

***If the subject is a minor (younger than 18) or a member of a protected category of human subjects, then consent of a parent or guardian must be obtained***

***All studies must specifically state in the Project Description that subjects must be 18 or older to participate unless study provides for parental consent and minor assent***

- \_\_\_\_\_ 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 chair 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. Katherine Lau (phone: 436-3214 or e-mail: [katherine.lau@oneonta.edu](mailto:katherine.lau@oneonta.edu)) Chair of the Institutional Review Board (IRB) at SUNY Oneonta.

**Principal Investigator:**

**Student Researcher:**

**Study Title:**

**Sponsor:**

### **Introduction**

1) Summarize the purpose of your study in straightforward language, including why the study is being done. 2) Note that respondents are invited to participate in your research, and 3) Explain why they are being asked to participate **and how they were selected as potential participants in the research.**

### **What are the study procedures? What will I be asked to do?**

Explain the nature of their participation in your research, i.e. interviews, survey, or questionnaire response, etc. Let them know what will happen with the data that you collect by saying something like “Your interview will be recorded, and later typed out.” Also explain to potential respondents what makes them eligible to participate in this research. **An example is a statement such as “You must be at least 18 years of age and be a high school graduate to consent to this study, and to participate in this study.”**

### **What are the risks or inconveniences of the study?**

Let respondents know what the risks of participation in your study are, and that you have taken steps to minimize harms and risks. Notify them of how you will store data safely, and when and how you will dispose of the data. Let them know that their name will be changed from the outset of your research in order to ensure privacy and confidentiality. Lastly, tell them how long participation will take. Explain to them that data and findings from the study may be published.

### **What are the benefits of the study?**

Let respondents know that there are no personal and immediate benefits to them for participating in the study, and explain what benefits will come from the research.

### **Will I receive payment for participation? Are there costs to participate?**

Let participants know if they will be paid to participate in this study. Ensure that it will only cost them their time, and that you will pay any extraneous expenses associated with their participation, like gas or childcare if they have to travel for interviews.

### **Can I stop being in the study and what are my rights?**

Notify respondents that they do not have to participate in the study if they don't want to do so. **Participation is fully voluntary.** If they want to participate, they can still choose not to answer particular questions. Tell them that if they agree and then change their mind, they can drop out at any time to no penalty or consequence. **Let them know that they will not be harmed. Make sure that respondents have been provided with appropriate contact information about the study.**

**How do I contact if I have questions about the study?**

Let respondents know that they can take their time before making a decision, and that you are happy to answer questions that they have. Give them contact information for the primary investigator of the research, the advisor, and the chair of the IRB in case they have questions or concerns regarding their rights as a research subject.

**Documentation of Consent**

**I confirm that I am 18 and in a position to offer my consent.** I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement and possible hazards and inconveniences have been explained to my satisfaction. I understand that I can withdraw at any time without consequences. My signature also indicates that I have received a copy of this consent form.

\_\_\_\_\_  
Participant Signature:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Person  
Obtaining Consent

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Date:

## **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 chair of the Institutional Review Board at SUNY Oneonta:

- Dr. \_\_\_\_\_ (Phone: \_\_\_\_-\_\_\_\_ or e-mail : \_\_\_\_\_@oneonta.edu).
- Dr. Katherine Lau (phone: 436-3214 or e-mail: [katherine.lau@oneonta.edu](mailto:katherine.lau@oneonta.edu) ) Chair 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 and acknowledge that I am at least 18 years of age. I acknowledge receipt of a copy of this informed consent statement.

**SUBJECTS 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: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

If you have questions or concerns about your participation in this study, you also may contact Dr. Katherine Lau (phone: 436-3214 or e-mail: katherine.lau@oneonta.edu) Chair 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 20\_\_

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.

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. Katherine Lau (phone: 436-3214 or e-mail: [katherine.lau@oneonta.edu](mailto:katherine.lau@oneonta.edu)), Chair 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



**SAMPLE ASSENT FORM FOR PARTICIPANTS UNDER 18**

**ASSENT FORM**

**Verbal Assent must be obtained from each child before conducting tasks.**

**Researcher:**

*Full name, Department, School*

**Why are we doing this study?**

We are doing this study because we know that students have very different opinions about reading. We would like to know your opinion and how you feel.

**What will happen during the study?**

I am going to ask you to answer some questions about your opinion and the way you feel when you read something, like a book or story. These questions will be on the computer. This will take about 10 minutes. You might be asked to do a short interview after the activities. If you do this interview, your voice will be tape recorded. This is so that we can remember what you said, and so we can listen to what you are saying instead of trying to write everything down. We will be destroying the audio tapes when we are done with them in 3 years.

**Who will know about what I did in the study?**

If you are part of this study, your name and address will not be given to anyone. We won't give the answers from the activities you do during the study to anyone. These activities will not be a part of your school grades. The researcher will be writing a letter after the study is done so that your school and your teacher will know what we found. Your name and your own answers will not be in this letter.

**Can I decide if I want to be in the study?**

If you do not want to be part of this study, that is okay. No one will be upset or disappointed. If you say yes now but change your mind, you can tell your parents, me, or your school staff, and that will be okay. Your parent/guardian is also reading some information about this study. Ask them questions if you do not understand what you have heard about the study. They will help you to understand. You can ask any questions that you have at any time.

**Statement of Assent**

I have read (or have heard read to me) the above information. I have asked questions and have received answers. I consent to participate in the project.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person who obtained assent

\_\_\_\_\_  
Date