**RESEARCH STUDY TITLE**: (Enter title as it appears on the IRB application)

**PRINCIPAL INVESTIGATOR:**

This study is being conducted by…

You must list the name of the Principal Investigator, Co-PI’s, Faculty Advisor (if applicable), University affiliation, and department. If this study is being conducted collaboratively with another institution, you must also state that here.

**RESEARCH TEAM CONTACT**

For questions about this study, please contactName, Phone number, Email Address of research team contact [may not be course instructor]

**INVITATION TO PARTICIPATE**

You are being asked to participate in a research study.The following information is provided to help you make an informed decision about whether or not to participate. This is completely voluntary. Please read this form and ask any questions you have before agreeing to be a part of this study.

**PURPOSE OF STUDY**

This is a research study. We are inviting you to participate in this research study because you are a student in Enter Course Name offered by Enter Institution Name. The purpose of this research is to study students’ learning, engagement, and motivation related to teaching practices. Edit and add more explanation as needed related to the study.

**EXPLANATION OF PROCEDURES**

If you agree to be in the study, you will be asked to do the following things:

* [Insert explanation of all activities/tests that are included in the study (e.g., assignment to study groups, study visits, surveys and questionnaires, focus groups, audio or video recordings, etc.).
* Clearly identify which are the normal educational or program activities and which are being done specifically for research purposes. For example, “As a student in X class, you will be completing course assignments as usual. I am hereby asking to use your assignments and test scores for my research project. I will not know who participated until after the coursework is completed and assignments are turned in. Include the following:
* Explain where the activities are performed and how frequently they are performed
* State if audio or video recordings will be used
* If interviews are conducted, explain if they are in person, in groups or over Zoom
* The expected amount of time each activity and/or visit will last
* Explain what will happen to the data/information at the end of the study.
* If the study involves a survey or questionnaire, include a statement that the participant is free to skip any question they prefer not to answer

**DISCOMFORTS, RISKS AND COST**

You may experience one or more of the risks indicated below from your participation. There may be other unknown risks that were not anticipated, associated with your participation in this study. While participating in the study, the potential risks include…

[Describe any physical, psychological, social, legal, and/or economic risk(s) or cost(s) resulting from the project. If injuries may arise, note who will be responsible for any medical costs. Only discuss those risks that may arise from research activities, or from sharing one’s data generated from associated program activities (e.g., confidentiality risks).

**POTENTIAL BENEFITS**

Researchers conduct studies to answer questions and learn new information. Some research might help change or improve the way we do things in the future. You [may not / will not] benefit from being in this study, but we hope that, in the future, other people might benefit from this study because of the knowledge we gain about what students believe to be useful about the course.

**PRIVACY AND CONFIDENTIALITY**

Information obtained during this study which could identify you will be kept confidential. The summarized findings with no identifying information may be published or presented at a scholarly conference.Your participation will be kept confidential to the extent permitted by law. However, it is possible that other people such as those indicated below may become aware of your participation in this study and may inspect and copy records pertaining to this research. Some of these records could contain information that personally identifies you.

* federal government regulatory agencies,
* auditing departments of the University of Northern Iowa,
* Institutional Review Board, University of Northern Iowa (the committee that reviews and approves research studies involving human subjects)

**If the study is online,** state: No guarantees can be made regarding the interception of data transmitted electronically.

**If participants’ performance may be observed by others** during the course of the study, this must be noted

[**If audio or video recordings will be made**, include an explanation of how recordings will be made. This study involves making an audio or video recording of the classroom / focus group / interview. The recording will be transcribed, and the electronic copy and transcription will be stored in secure locations that are only accessible by the research team. The audio or video recording will be deleted from the recording device immediately after it is transferred to a secure network location.

[**If identifiable information from student education records will be disclosed to the study team**, insert the following language:] The study will involve accessing information from your student records which is protected by a law called FERPA. Your education records must be kept secure by your school, and can only be disclosed to researchers with your permission. The records we need to access for this study include the following: [Insert description of student education records to be disclosed to the study team].

**WILL MY INFORMATION BE USED FOR RESEARCH IN THE FUTURE?** (insert if applicable)

Information collected from you for this study may be used for future research studies or shared with other researchers for future research. If this happens, information which could identify your child will be removed before any information is shared. Since identifying information will be removed, we will not ask for your additional consent

**COMPENSATION**

There is / is not compensation for participating in this study.

If there is compensation, include details and any conditions of payment, including if partial payment is applicable.

Describe how voluntary or involuntary withdrawal or termination affects compensation.

See IRB and OBO policies for reporting compensations when studies involve UNI participants.

**RIGHT TO REFUSE OR WITHDRAW**

Your decision to participate is completely voluntary. Your child is free to withdraw from participation at any time or to choose not to participate at all, and by doing so, your child will not be penalized or lose benefits to which they are otherwise entitled.” **OR** “You and your child’s decision to allow use of your child’s data is voluntary.”

**WHO TO CALL WITH QUESTIONS OR PROBLEMS**

If you have questions regarding participation in this study or about the study in general, please contact (Principal Investigator Email and Phone Number) or (Faculty Advisor Email and Phone Number) at the (Enter Department), University of Northern Iowa.

If you have questions about the rights of research participants and the research review process at UNI, you may contact the IRB Administrator at the Office of Research and Sponsored Programs at 319-273-6148 or [rsp@uni.edu](mailto:rsp@uni.edu).

**AGREEMENT**

**(If this is an online consent document, substitute “click to proceed” or something similar.)**

I am fully aware of the nature and extent of my participation in this project as stated above and the possible risks arising from participation. I hereby agree to participate in this study. I acknowledge that I have received a copy of this consent statement. I am 18 years of age or older.

**Signature of Participant**: Date:

**Printed Name of Participant**: Date:

TIPS!

1. *Provide a copy of the consent form to the participant and keep one for your records.*
2. *Signed forms must be securely maintained for at least 5 years after the end of study activities.*
3. *It is the responsibility of the PI and Advisor (if applicable) to adhere to all data storage requirements.*
4. *Delete all gray highlight and template language from this final form*
5. *Upload the form as a WORD document in your Cayuse application (for easier editing during -review)*