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

**PRINCIPAL INVESTIGATOR(S)**

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.]

**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**

The purpose of this study is to [State clearly and accurately what the study is designed to discover or establish. Typically, one or two concise sentences is sufficient. It is funded by [Insert Sponsor or funding agency name, if any].

**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.). Include the following:

* 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
* The length or duration of subject participation
* Which activities are experimental and which would be done even if the subject does not participate in the research
* 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
* If the study is associated with an existing curriculum or program, separate and 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.

**DISCOMFORTS, RISKS AND COST**

While participating in the study, the potential risks are minimal and similar to those experienced in everyday life.

[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). Also, discuss how you will mitigate or reduce these risks. If there are no more than minimal risks--discomfort, time, or inconvenience--this must be stated].

**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 to learn things that will help researchers in the future.

[Describe any direct benefit(s) that may result from the study. When stating potential benefits, focus on concrete benefits that are independent of outcomes, accruing as part of interventions and data collection procedures. If there are no direct benefits, state that there are no direct benefits. Compensation is not a benefit]

**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.

**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 as well.

[**If audio or video recordings will be made**, include an explanation regarding who will have access to the recordings, if the recordings will be used for educational purposes, and when the recordings will be destroyed.]

[**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 statement below, 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. For example: you will receive $ X for participating in each study component. Describe how voluntary or involuntary withdrawal or termination affects compensation. If compensation for time is provided, then a portion of the compensation must be provided (prorated) even if the person terminates their involvement prior to completing the study. 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. You are free to withdraw from participation at any time or to choose not to participate at all, and by doing so, you will not be penalized or lose benefits to which you are otherwise entitled. If you decide to leave this study early, we will ask you to email a notification to insert name of research team contact [may **not** be course instructor or teacher.

**WHO TO CALL WITH QUESTIONS OR PROBLEMS**

If you have questions regarding participation in this study or about the study in general, please contact insert Name / Email/ Phone Number of the research team contact or, (if appropriate) the investigator’s faculty advisor name at the Department of enter  at the University of Northern Iowa at email or phone number.

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**:

**Signature of Investigator**: Date:

**Signature of Advisor (If PI is a Student)**: Date:

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.*