

## **Student Consent Form**

Title of Study:
Investigator:
Center for the Advancement of Teaching (CAT) Investigators:

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Temple University Institutional Review Board (IRB) Contact Information:

Email: <u>irb@temple.edu</u> Phone: 215-707-3390

## **Student Consent**

You are being asked for your consent to take part in a research study. This document provides a concise summary of this research. It describes the key information to assist you in deciding whether to take part in this research. Later sections of this document will provide all relevant details.

What should I know about this research?

- Someone will explain this research to you.
- Taking part in this research is voluntary. Whether you take part is up to you.
- If you don't take part, it won't be held against you.
- You can take part now and later drop out, and it won't be held against you.
- If you don't understand, ask questions.
- Ask all the questions you want before you decide.
- The most important benefits that you may expect from taking part in this research include \_\_\_\_\_. In simple language, explain the reasonably expected benefits to subjects that are most likely to affect someone's decision about whether to take part in the research study. If there are no benefits, state: It is not expected that you will personally benefit from this research.
- Possible benefits to others include \_\_\_\_\_\_. In simple language, explain the reasonably expected benefits to others that are most likely to affect someone's decision about whether to take part in the research study.



## Center for the Advancement of Teaching

• We expect that your taking part in this research will last (specify time
period - hours, days, weeks, months, years, or until a certain event).
• The purpose of this research is to Explain in no more than a few sentences
the main purposes of the research.
• If you decide to take part in this research study, the general procedures include
Briefly outline in simple terms the procedures that are key to the research
and are most likely to affect someone's decision about whether to take part in the
research study.
• The most important risks or discomforts that you may expect from taking part in
this research include In simple language, explain the risks and discomforts
that are most likely to affect someone's decision about whether to take part in the research study. Identify the most important risks, like the information that a
doctor might deliver in the clinical context. Emphasize how those risks are
changed by taking part in the study. Include the complete list of reasonably
foreseeable risks in the main body of the consent form.
Instead of being in this research, your choices may include .
This research has been fully explained to me. I hereby acknowledge that I am
consenting to participate in this study without duress. I am of sound mind when
making this decision.
What happens to the information collected for this research?
• To the extent allowed by law, we limit the viewing of your personal information
to people who have to review it. We cannot promise complete secrecy. The IRB,
Temple University and its affiliates, and other representatives of these
organizations may inspect and copy your information. Measures will be taken to ensure that your participation in the study be confidential. If you decide to
participate in the study, your information will be deidentified by Explain
how you will deidentify participant information (e.g., being given a participant ID
number, pseudonym, etc.). This will be used in place of your name, and all
personal identifiers will be securely stored with password protection. Only
investigators will have access to this data.
Who can answer questions about this research?
• Questions about this research can be directed to the primary investigators of this
study, investigators from the CAT, or the Temple University IRB. Contact
information for each can be found at the top of this consent form.
Participant Name:
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Participant Signature:
<u> </u>
Date of Signature: