

**Participant Consent Form for Observations, Information Release, and Interviews**

Title of Study \_\_\_\_\_

The purpose of the study:

I understand that the purpose of this study is to understand more about \*\*\*\*\*. This is not an experiment. The researcher will not attempt to change the manner in which this class is taught.

I agree to the following during Fall 2008.

1. My instructor may provide information to the researcher including my grades from this class, samples of my work from this class, my age, gender, major, and classification (Freshman, Sophomore, Junior or Senior).
2. The researcher may request to speak with me about my understanding of specific concepts taught in this class and my attitudes toward the topics of this class. I can accept or decline this invitation without repercussions and still participate in other parts of the study.

\*\*\*\*\*

I understand that:

1. Participation is strictly voluntary. I can refuse to answer any questions that I do not wish to answer.
2. The information gathered will not affect grades or any other evaluations made by the teacher of this course.
3. The information gathered will be confidential. Student and teacher names or any other identifying factors will be removed from any report or publication of the data or results.
4. I may opt out of the project at any time and for any reason I deem necessary with no repercussions if I give written notice to the researcher.
5. Approximately 700 students per semester in certain sections of \*\*\*\*\* have been asked to participate.
6. Participation in this study will not directly provide any benefits to me. Declining participation in this study will not cause adverse actions to be taken against me or my grades.
7. The researcher will observe some class sessions during the semester but will not audio or video tape the classes.

I understand that this research study has been reviewed and approved by the Institutional Review at Oklahoma City Community College. For research-related problems or questions regarding subjects' rights, I can contact the Institutional Review Board through Dr. Janet C. Perry, Director of Institutional Effectiveness, Office at 405-682-1611 or jcperry@occc.edu.

\_\_\_\_\_ I am 18 (eighteen) years old or older.

\_\_\_\_\_ I am 17 (seventeen) years old or younger. (Your parents will need to sign this form as well).

I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study. I have been given a copy of this consent form.

Student's name PRINTED \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ONLY For students 17 years old and younger:**

I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to allow my child to participate in this study. I have been given a copy of this consent form.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

If I do NOT wish to participate, I will not return this form. No adverse actions will be taken against me or my grades if I choose this option. I will still participate in all the same tests, assignments, and other classroom activities as the rest of the class.

Researcher's Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions or concerns, please contact:

Researcher: John Doe, 123 Research Ave., Oklahoma City, OK 73159, 405-682-1611, jdoe@occc.edu