

AMHERST COLLEGE
Protection of Human Subjects

CONSENT FORM

Title of Study: **Writing Support for Research Papers in Statistics**

Investigator(s): Amy Wagaman

Project Description:

As part of our normal coursework in Advanced Data Analysis this semester, you will be engaging in several activities designed to support your writing, particularly the research paper at the end of the course. I would like to obtain your feedback about these activities in order to see whether they are helpful to you, improve them, and also to use when discussing the activities with other statistics educators and for research papers in statistics education and similar venues.

I am asking you to give me permission to use your coursework (or portions thereof) anonymously in my research and potential publications. I am also asking for your permission to use your comments anonymously about the activities themselves (from various sources including minute papers, reflections, and course evaluations) in my work. The goal of the study is to assess and improve the activities, not to evaluate you. Again, any comments or coursework used will be properly anonymized.

Questions:

If you would like to know more about this study at any point during or after the semester, please make an appointment to meet individually with me. If you would like information about the results of the study upon its completion, please indicate so on the next page.

Authorization:

The following informed consent is required for any person involved in research study. This study has been approved by the Institutional Review Board for the Protection of Human Subjects at Amherst College.

I understand that:

1. My participation is voluntary.
2. I may withdraw my consent and discontinue participation in this study (or any portion thereof) at any time without bearing any negative consequences. I will receive full credit for participation regardless of how much of the experiment I complete.
3. You have given me an explanation of the procedures to be followed in the project, and answered any inquiries that I may have.
4. All of the information from this study will be strictly confidential. No names will be associated with the data in any way. Providing my address to receive a report of this research upon its completion will also not compromise the anonymity of the data. I understand that the data will be stored in locked offices and will be accessible only to members of the researching group.

5. The results of this study will be made part of a final research report and may be used in papers submitted for publication or presented at professional conferences, but under no circumstances will my name or other identifying characteristics be included.

I have reviewed the procedures to be followed and hereby give my consent to participate in this research. I also agree not to discuss the purposes and procedures of this study with anyone in order that the integrity of this research is not compromised.

_____ Signature

_____ Print Name

_____ Date

Please send me a report on the group results of this research project upon its completion:

YES NO

Address to which the report should be sent: _____
