**TEMPLATE INFORMED CONSENT STATEMENT FOR RESEARCH**

**{Experiment Title}**

**ABOUT THIS RESEARCH**

You are being asked to participate in a research study. People do research to answer important questions which might help change or improve the way we do things in the future.

This consent form will give you information about the study to help you decide whether you want to participate. Please read this form, and ask any questions you have, before agreeing to be in the study.

**TAKING PART IN THIS STUDY IS VOLUNTARY**

You may choose not to take part in the study or may choose to leave the study at any time. Deciding not to participate, or deciding to leave the study later, will not result in any penalty or loss of benefits to which you are entitled and will not affect your relationship with the {department, campus, school, institution}.

**WHY IS THIS STUDY BEING DONE?**

The purpose of this study is to measure and compare how {describe experimental contrast}. You were selected as a possible participant because you are enrolled in {course number, department} where the instructor opted to have their class participate. The study is being conducted by {researcher names}.

**HOW MANY PEOPLE WILL TAKE PART?**

If you agree to participate, you will be one of approximately {N} participants taking part in this study.

**WHAT WILL HAPPEN DURING THE STUDY?**

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

* You will complete assignments as normal in {course number}, but the format of at least two of these assignments may be varied. The learning content will be the same, but the way that the questions are asked will be different.
* You will complete these assignments even if you do not participate in the research. By agreeing to participate in the study, you will allow your teacher to randomly change the format of at least two learning activities that are assigned to you, and to analyze your work on these assignments.

**WHAT ARE THE RISKS OF TAKING PART IN THE STUDY?**

While participating in the study, the risks, side effects, and/or discomforts include a risk of possible loss of confidentiality. In order to minimize the possible loss of confidentiality, the research study will be conducted electronically within Canvas. Your decision to participate, as well as your research data, will be kept private, and your identity will not be included in any exports of research data.

By participating in this study, you will be assigned learning materials that are different from what might normally be assigned. Teachers and researchers think that these new materials might be better, but there is a risk that these might be less effective. In order to minimize any effects of this risk, please ask your teacher if anything is confusing in the course, and your teacher will try to help you understand as in the normal conduct of the course. The individual assistance provided by your teacher will not be manipulated as part of this study.

**WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THE STUDY?**

We don’t expect you to receive any benefit from taking part in this study, but we hope to learn things that will help scientists and teachers in the future.

**HOW WILL MY INFORMATION BE PROTECTED?**

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. No information which could identify you will be shared in publications about this study and databases in which results may be stored. Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the {institution} Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law).

**WILL MY INFORMATION BE USED FOR RESEARCH IN THE FUTURE?**

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 you will be removed before any information is shared. Since identifying information will be removed, we will not ask for your additional consent.

**WILL I BE PAID FOR PARTICIPATION?**

You will not be paid for participating in this study.

**WHO SHOULD I CALL WITH QUESTIONS OR PROBLEMS?**

For questions about the study, contact the researcher {research name, contact information}. For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the Human Subjects Office at {contact info}.

**CAN I WITHDRAW FROM THE STUDY?**

If you decide to participate in this study, you can change your mind and decide to leave the study at any time in the future. The study team will help you withdraw from the study safely. If you decide to withdraw, you can click “Terracotta” on the left navigation menu of your {course number} Canvas site, and follow the prompts to withdraw consent.

**PARTICIPANT’S CONSENT**

In consideration of all of the above, I give my consent to participate in this research study. I have printed off a copy of this informed consent document to keep for my records. I agree to take part in this study.