

Sample Informed Consent Forms

(These should be used as a guide only--each PI should tailor the form to fit the research)

Sample 1. Participants over the age of 18

I agree to participate in a study entitled "Problem Solving in Groups Versus Individuals," which is being conducted by Dr. Jane Doe of the Psychology Department, Rowan University.

The purpose of this study is to evaluate the methods used by individuals and groups to solve difficult problems. The data collected in this study will be combined with data from previous studies and will be submitted for publication in a research journal.

I understand that I will be required to attempt to solve a logic problem, and I will be assigned to work either individually or as part of a group. My participation in the study should not exceed one hour.

I understand that my responses will be anonymous and that all the data gathered will be confidential. I agree that any information obtained from this study may be used in any way thought best for publication or education provided that I am in no way identified and my name is not used.

I understand that there are no physical or psychological risks involved in this study, and that I am free to withdraw my participation at any time without penalty.

I understand that my participation does not imply employment with the state of New Jersey, Rowan University, the principal investigator, or any other project facilitator.

If I have any questions or problems concerning my participation in this study I may contact Dr. Jane Doe at (609) 256- _____ ext. _____.

(Signature of Participant)

(Date)

(Signature of Investigator)

(Date)

Sample 2. Participants are minors

Dear Parent/Guardian:

I am a graduate student in the Education Leadership Department at Rowan University. I will be conducting a research project under the supervision of Dr. John Doe as part of my master's/doctoral thesis concerning how children make decisions and develop strategies when playing games. I am requesting permission for your child to participate in this research. The goal of the study is to determine how strategy development changes as the children mature.

Each child will be invited to play a game during the recess period and will be led to a quiet corner of the recess yard. Any child who expresses a desire not to play will be escorted back to the main area of yard immediately. While playing the game, each child will be asked a series of questions and will be videotaped. I will retain the videotapes at the conclusion of the study. To preserve each child's confidentiality only first names will be used to identify individuals. The videotapes may be viewed by other researchers when the data are presented at a professional conference. All data will be reported in terms of group results; individual results will not be reported.

Your decision whether or not to allow your child to participate in this study will have absolutely no effect on your child's standing in his/her class. At the conclusion of the study a summary of the group results will be made available to all interested parents. If you have any questions or concerns please contact me at 55-1845 or you may contact Dr. John Doe at (609) 256-___ext.___. Thank you.

Sincerely,
Mary Fawn

Please indicate whether or not you wish to have your child participate in this study by checking the appropriate statement below and returning this letter to your child's teacher by Feb. 1.

I grant permission for my child _____ to participate in this study.

I do not grant permission for my child _____ to participate in this study.

(Parent/Guardian signature)

(Date)