

Informed Consent Form (SAMPLE)

Dear Student:

You have been asked to participate in the evaluative study of the [insert project name] at Skyline College. The purpose of this study is to improve the quality of the [insert project name] in supporting students to achieve academic success.

- You are asked to participate in a focus group that will be recorded. We will be asking questions about your opinions about the [insert project name], your attitudes and beliefs about public programs such as [insert project name], and your thoughts about accessing such services. There are some questions that may be sensitive in nature. We will not be collecting your name or any other identifying information.
- There are no foreseeable risks from participating in the focus group. However, discussing personal subjects such as your attitudes and beliefs may cause some discomfort.
- Although the results of this study may be published, no information that could identify you will be included.
- While there may not be any direct benefit as a result of your participation in this study, there might be some sense of reward that you may feel from sharing your knowledge that is crucial for improving the [insert project name]. *Alternative phrasing if there will be direct benefit: As a token of appreciation for your willingness to participate in this focus group, you will be given a \$20 gift card from the Skyline College Bookstore.*
- Questions about this research may be addressed to the Principal Investigator, [insert name], who can be reached at [insert contact information].
- No service of any kind, to which you are otherwise entitled, will be lost or jeopardized if you choose not to participate in the study.
- Your consent is being given voluntarily. You may refuse to participate in the entire study or in any part of the study. For any specific question, you have the right to not answer questions you do not wish to answer. If you decide to participate in the study, you are free to withdraw at any time without any negative effect on your relations with Skyline College.
- A copy of your consent will be available for pick-up at [insert location] on or after [insert date] and will be shredded if it is not picked up before [insert date].

I understand the study described above and have been given a copy of the description as outlined above. I am 18 years of age or older and I agree to participate.

Signature of Participant

Date

Print Name of Participant

The signature of a researcher on this document indicates agreement to include the above subject in the research and provides attestation that the participant has been fully informed of his or her rights.

Signature of Principal Investigator

Date

Print Name of Principal Investigator