



Monroe County Community College

IRB APPROVED INFORMED CONSENT TEMPLATE

The following suggestions are offered as guidelines. The exact language is the decision of the researcher. **Replace the red, bold, uppercase font with details of the proposed research.** Also keep in mind that the Institutional Review Board must determine if the participants will be giving *informed consent*. (Note: that in the case of children, it is *assent*).

Dear (student, parent, sir, madam, etc.):

We are conducting a study to determine **(FILL IN THE PURPOSE OF THE RESEARCH; 1-2 SENTENCES)**. In this study, you (your child/ward) will be asked to **(FILL IN THE DATA COLLECTION PROCEDURES THAT PARTICIPANTS WILL BE EXPECTED TO PARTICIPATE IN)**. Your participation should take about **(FILL IN THE APPROXIMATE AMOUNT OF TIME IN MINUTES THAT PARTICIPANTS WILL BE REQUIRED TO PARTICIPATE IN THE RESEARCH)** minutes.

There are no risks to you (your child/ward).

or

The only risks to you (your child/ward) include **(FILL IN THE POTENTIAL RISK(S) TO PARTICIPANTS DUE TO THEIR PARTICIPATION IN THE RESEARCH; INCLUDE POTENTIAL PSYCHOLOGICAL, PHYSICAL, SOCIAL, OR OTHER RELEVANT RISK(S))**.

All information will be handled in a strictly confidential manner, so that no one will be able to identify you (your child/ward) when the results are recorded/reported. **(IF INFORMATION WILL BE AUDIO RECORDED, DESCRIBE THAT HERE)**.

Your (your child's/ward's) participation in this study is totally voluntary and you may withdraw at any time without negative consequences. If you wish to withdraw at any time during the study, simply **(FILL IN THE METHOD BY WHICH YOU PREFER PARTICIPANTS TO WITHDRAW FROM PARTICIPATION)**.

Please feel free to contact **(FILL IN THE NAME(S), TITLE(S), AND PHONE NUMBER(S) OF THE RESEARCHER(S) INVOLVED IN THE PROJECT)** if you have any questions about the study. Or, for other questions, contact the Coordinator of Institutional Research, Evaluation and Assessment at the Monroe County Community College Office of Institutional Research (734-384-4237).

IF THE PARTICIPANT IS OF AGE (18 YEARS OR OLDER), USE THE FOLLOWING SIGNATURE LINE AND DELETE ALL OTHERS:

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

IF THE PARTICIPANT IS NOT OF AGE (NOT 18 YEARS OR OLDER), USE THE FOLLOWING SIGNATURE LINE, THE ASSENT SIGNATURE LINE BELOW, AND DELETE THE LINE ABOVE:

I understand the study described above and have been given a copy of the description as outlined above. I agree to allow my child/ward to participate with his/her assent when possible.

Signature of Parent/Guardian Date

FOR ASSENT FORM (CHILDREN), USE THE FOLLOWING SIGNATURE LINE, THE SIGNATURE LINE ABOVE FOR PARTICIPANTS NOT OF AGE, AND DELETE THE FIRST SIGNATURE LINE FOR PARTICIPANTS OF AGE:

I understand what I must do in this study and I want to take part in the study.

Signature of Child/Ward Date