**Adult Consent for Participation in Course Evaluation Research Template**

**FOR COURSE EVALUATION RESEARCH - Exemption Category 1 ONLY**

**Instructions: Fill in the information relevant to your study using the prompts in blue. Remove all text in red including these instructions.**

It is very important to write your consent form in layperson’s language that can be easily understood by your participants. An 8th grade reading level is recommended for the general population. This template includes language recommended by the IRB. Please adapt it as necessary to be sure your consent form explains your research project clearly.

**DELETE all instructions** (including this section) and suggested language that is not applicable, then **UPLOAD a copy of the consent form to the IRB application exactly the way your participants will see it, all text in black.** This will be the official copy that must be used for all participants.

**Consent to Participate in Research**

You are invited to participate in a research study. The purpose of this research, to be conducted by (name, title, department) [if PI is a student, add under the supervision of (name, title, department)], is to evaluate the teaching strategy of (explain what you are evaluating). This is a regular class activity that involves (explain what the participant will be doing).

I am asking for your permission to use your (describe all materials and grades that you are requesting permission to use) as part of my evaluation.

[If appropriate, add: In addition to giving me permission to access the materials described above from the regular class activity, I am asking that you participate in the following optional research activity (clearly explain exactly what you will do and what you expect your participants to do, including whether you will be audio or videotaping).]

**OPTION 1**: This research is anonymous. No information will be collected that would identify you.

OR

**OPTION 2**: I will keep your information strictly confidential. All notes and questionnaires will receive a code number and be kept separate from your signed consent form. The list which has your name and code number will be kept in [if a physical copy: a locked file in the (name of department) at the College of Charleston] [or if the coded list is electronic: secure electronic storage] and destroyed when the research is complete. At no time will you be able to be identified in any reports or publications which result from this research.

OR

**OPTION 3**: If you will be identifying people by name and/or title include the following. I will keep your information strictly confidential. However, if you are willing to permit me to quote you in the report of my research, please check the item just above the signature line. [If appropriate add: You will be given an opportunity to review the section of my report in which your quote appears before completion of my research.]

[If the participants will be audio or video recorded, add:

The (audio or video) tape will be destroyed after it is transcribed.

OR

The (audio or video) tape will be kept for (amount of time and location) for use in this research only OR for future research use OR for educational purposes.]

**OPTION 1**: Although it is not anticipated that you will benefit directly through your involvement in this study, this research is expected to benefit (define the larger population) by (describe potential benefits to the larger population)**.**

OR

**OPTION 2**: Benefits that you may experience through participation in this study include (describe potential benefits to the individual research participant, including any compensation to participant such as cash payment, gifts, free services, or extra credit in academic courses, and how it will be prorated if the participant withdraws).

Your participation is completely voluntary, and you may discontinue participation at any time. Your consent may be withdrawn at any time. Your decision to participate or not, or to discontinue participating, will not result in any loss of benefits to which you are entitled OR will not have any effect on your grades in this class.]

Your personal data collected for this research will be stored until (period for which the data will be stored and whether personal identifiers will be removed from the data) [OR if undetermined (explain the method for determining length of data storage and whether personal identifiers will be removed from the data). Projected future use of your personal data includes (provide details about any projected future use, such as future research or educational purposes and whether personal identifiers will be removed from the data).]

If you have any questions concerning this research study, please contact (name of PI) at (telephone number) or (email) [if PI is a student, add or my faculty advisor at (telephone number) or (email)]. You may also contact Research Protections & Compliance in the Office of Research and Grants Administration, at 843-953-5885 or email compliance@cofc.edu if you have questions or concerns about research review at the College of Charleston or your rights as a research participant. You will be given a copy of this form to keep.

**This research has been reviewed by the Human Research Protections Program at the College of Charleston and covers all relevant requirements of the EU General Data Protection Regulations.**

**OPTION 1: ORAL CONSENT** (do not include signature lines) I understand that my completion of the interview OR survey OR questionnaire OR (specify) signifies my consent to participate in this research project.

OR

**OPTION 2: SIGNED CONSENT**

I have read this consent form, and I agree to participate in this research study [If appropriate, add and certify that I am at least 18 years old].

OR

The information in this consent form has been explained to me, and I have been given the opportunity to ask questions. I agree to participate in this research study. [If appropriate, add and certify that I am at least 18 years old].

[If appropriate, add In any reports or publications which result from this research,

I permit you to quote me \_\_\_Yes \_\_\_ No

AND/OR

You may use \_\_\_my name, \_\_\_ job title, \_\_\_pseudonym or \_\_\_other identifier (specify appropriate identifier).]

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Printed Name of Participant

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Signature of Participant Date

[OPTIONAL: If you would you like to receive a copy of the results of this study, please print your contact information (mailing address or email):]