

INFORMED CONSENT TEMPLATE

Read all Instructions Carefully Before Starting this Document

Use this template to develop your own form for obtaining informed consent in writing, online, or verbally. If you are developing an online or verbal consent form please use this template to create a consent script.

Things to know:

- Text in **bold** is required. Please undo the bold body of the form in the final version. Only the section headings should be in bold font.
- Instructions are *italicized* and *colorized*. Remove instructions in the final version.
- Use clear, concise language.
- As the Consent Form should be read as a conversation between the researcher and participant, this document must be written using 1st ("I" or "me") and 2nd ("you" or "your") person references.
- Use spellcheck and proofread before finalizing.
- _____ Indicates that the investigator should fill in the appropriate information.

DELETE THIS BOX AND ALL INSTRUCTIONAL TEXT BEFORE FINALIZING
Failure to do so will result in your application being returned to you without review

Informed Consent



Investigator(s): *(List the name of researcher(s))*

Study Title: *(Provide the title of the study)*

I am a student at The Chicago School. This study is being conducted as a part of my
(choose one: dissertation or thesis) requirement for ***(insert program name)***.

I am asking you to participate in a research study about *(provide a very brief lay language description of the study's purpose)*. **You will be asked to** *(provide a very brief description of the research activities. For example, "participate in an interview about"; "complete a survey about")*. **This will take** *(state the expected duration of the study procedures. For example, "This will take 1 hour per day, 4 times per week, for 8 weeks.)* **This may cause** *(provide a brief description of all risks. For example, "This may cause you to feel*

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frustrated and your confidentiality may be at risk"). Although you may not benefit, it will help to understand (describe how the research may benefit society or the field).

Please take your time to read the entire document and feel free to ask any questions before signing this document.

(If there is more than one investigator change "I am asking you" to "We are asking you")

Purpose: *(Provide a lay language description of the study explaining why you are conducting this study and what you hope to accomplish. For example, The purpose of this study is to...)*

Procedures:

Provide a detailed, lay language description of the procedures/tasks that the participant will be asked to do. In your description, please include a statement to indicate the expected duration of the subject's participation and identify any procedures that are considered experimental. If a study includes multiple sessions/visits, explain how many sessions will occur, how long each session will take, how many days or weeks participation will last.

Example, "During this study, you will be asked to meet with me to answer questions regarding your daily tasks. This will take 1 hour per day, 4 days per week, for 8 weeks."

Compensation: *(Describe any compensation/remuneration to be given to the participant. Delete this section if no compensation is given.)*

Risks to Participants: *Provide a complete description of the perceived/potential and known risks associated with study participation. Risks may be physical or non-physical such as emotional risks. Describe the measures that will be taken to manage or minimize those risks. This information should be harmonized with the information noted in the Q&A Form Risks of the Research section. If research involves emotional risks, please consider inserting mental health resources or referrals.*

Example, "The risks of study participation are frustration and loss of confidentiality. These risks will be minimized by..."

Benefits to Participants: *Describe any benefit to the participant or to others that may reasonably be expected from the research. If the participant will not benefit from study participation please state, "You will not benefit from this study. However, we hope the information learned from this study may benefit society in our understanding of how*

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_____.” Please note compensation/remuneration cannot be listed as a benefit to study participation.

Alternatives to Participation: *Describe any commonly used alternative therapies, if applicable. If there are no alternative therapies, please state “Participation in this study is voluntary. You may withdraw from study participation at any time without any penalty.”*

Confidentiality: During this study, information will be collected about you for the purpose of this research. This includes _____ (Please include all the information listed in the “Confidentiality” section of the Q & A form.)

(Describe the steps taken to guard the anonymity of the subjects and/or the confidentiality of their responses and personal information. In addition, please state research materials will be kept for a minimum of five years after publication per American Psychological Association (APA) guidelines.)

(Describe any potential limits to confidentiality.)

It is possible that your data may be used for future research or distributed to another researcher without your consent. However, information that could identify you will be removed.

Your research records may be reviewed by federal agencies whose responsibility is to protect human subjects participating in research, including the Office of Human Research Protections (OHRP) and by representatives from The Chicago School Institutional Review Board, a committee that oversees research.

Questions/Concerns: If you have questions related to the procedures described in this document please contact _____ (Please provide researcher and dissertation/thesis chair’s name, contact information, and their role.)

If you have questions concerning your rights in this research study you may contact the Institutional Review Board (IRB), which is concerned with the protection of subjects in research projects. You may reach the IRB office Monday-Friday by calling 312.467.2335 or writing: Institutional Review Board, The Chicago School, 400 S. Jefferson St., Chicago, IL 60607.

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Consent to Participate in Research

If consent is obtained online or verbally, please revise the paragraph below to be consistent with your chosen process. Remove the name, signature, and date lines for online and verbal consent. When obtaining consent online, consider using "Clicking below indicates that I have read the description of the study and I agree to participate in the study." This way, participants are actively demonstrating their consent to participate.

Participant:

I have read the above information and have received satisfactory answers to my questions. I understand the research project and the procedures involved have been explained to me. I agree to participate in this study. My participation is voluntary, and I do not have to sign this form if I do not want to be part of this research project. I will receive a copy of this consent form for my records.

Name of Participant (print)

Signature of Participant

Date: _____

Name of the Person Obtaining Consent (print)

Signature of the Person Obtaining Consent

Date: _____

Consent to Participate in Research

(When conducting research with children or populations requiring permission of a legally authorized representative please include the following signature statement in conjunction with an appropriate assent document – if not applicable, please delete this page.)

Parent/Guardian/Legally Authorized Representative:

I have read the above information and have received satisfactory answers to my questions. I understand the research project and the procedures involved have been explained to me. I give my permission for my child/relative/conservatee to participate in this research project. My child/relative/conservatee's participation is voluntary and I do not have to sign this form if I do not want him/her to be part of this research project. I will receive a copy of this consent form for my records.

Name of Child/Relative/Conservatee Participant (print)

Name of Parent/Guardian/Legally Authorized Representative (print)

Signature of Parent/Guardian/Legally Authorized Representative

Date: _____

Name of the Person Obtaining Consent (print)

Signature of the Person Obtaining Consent

Date: _____