

**TEMPLATE FOR INFORMED CONSENT**

[General content is in black type; added content or explanations are in blue type]

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**Consent to Participate in a Research Study**  
**Missouri State University**  
**College of [Add college name here]**

**[List title of study here in bold with First Letters of Each Word Capitalized]**  
**[List name of investigator(s) here]**

**Introduction**

You have been asked to participate in a research study. Before you agree to participate in this study, it is important that you read and understand the following explanation of the study and the procedures involved. The investigator will also explain the project to you in detail. If you have any questions about the study or your role in it, be sure to ask the investigator. If you have more questions later, [Name of Investigator], the person mainly responsible for this study, will answer them for you. You may contact the investigator(s) at:

[List contact information for Investigator and name and contact information of Principal Investigator, if this is student research].

You will need to sign this form giving us your permission to be involved in the study. Taking part in this study is entirely your choice. If you decide to take part but later change your mind, you may stop at any time. If you decide to stop, you do not have to give a reason and there will be no negative consequences for ending your participation.

**Purpose of this Study**

The reason for this study is to [explain the purpose of the study in language suitable for a 6<sup>th</sup>-9<sup>th</sup> grade reading level. Avoid technical jargon when possible. If technical words are used, they should be explained in simple, easy-to-understand terms. Include the total number of people expected to be included in the study.

### **Description of Procedures**

If you agree to be part of this study, you will [explain what will happen to the participant or what the participant will be asked to do and how long the procedures are likely to take]. Include the following:

1. Detailed descriptions of the procedures the participant will be involved in such as filling out surveys, answering questions in an interview format, being audio or video taped, taking timed tests and so forth.
2. A list of people the participant will likely encounter during the study
3. When and where the study will occur
4. The total time commitment expected of the participant

### **What are the risks?**

List all expected risks here, this includes not only physical risks but also psychological, social or legal risks which may occur depending on the nature of the study. If there are identifiable risks which may require follow-up care (either physical or psychological), resource information for this care should be provided as part of the Informed Consent. If there are no known risks, state: *There are no known risks to you as a result of participating in this study.*

### **What are the benefits?**

You may not benefit directly from this study. However, the information from this study will help [list expected benefits to general or specific knowledge].

### **How will my privacy be protected?**

The results of this study are confidential and only the investigators will have access to the information which will be kept in a locked facility at the University. [If unique identifiers (e.g. numbers or codes) are used in place of names, state that here]. Your name or personal identifying information will not be used in any published reports of this research. All information gathered during this study will be destroyed [give time of destruction (e.g. 2 years after the completion of the project)].

**Consent to Participate**

If you want to participate in this study, [Insert name of study], you will be asked to sign below:

I have read and understand the information in this form. I have been encouraged to ask questions and all of my questions have been answered to my satisfaction. By signing this form, I agree voluntarily to participate in this study. I know that I can withdraw from the study at any time. I have received a copy of this form for my own records.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date