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|  | **Agreement To Participate in *Descriptive Project Title*** (IRB # \_\_\_\_\_) |

[Please also insert your IRB ID# in the footer starting on p. 2. Your IRB ID# is assigned as soon as you create your protocol, before completing or submitting it.]

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| **Template Instructions**   1. Text with a turquoise background serves one of two purposes. It is either part of the embedded instructions or part of an example. Please remove or replace all such text as you prepare your own form. 2. Replace the form title in header (p. 2 onward) with your ***Descriptive Project Title*** or a shortened version of it. 3. For all instructions, PI = Primary Investigator and FS = Faculty Supervisor. 4. You may adjust the font size and font type to suit your audience. 5. **Present all elements of this form in *clear, simple, nontechnical* language.**     1. **In addition, use language suited for the *age, reading level, and culture* of the subjects you invite**.    2. A 2016 *Washington Post* article reported, “**50 percent of U.S. adults can’t read a book written at an eighth-grade level.[[1]](#endnote-1)**”    3. **Some agencies and sponsors require** that consent forms use language no higher than **8th grade level**. Best practices suggest using **6th grade** level. 6. **DELETE** this instructions box when you are finished preparing the form. |

You are invited to \_\_\_\_\_\_\_\_\_\_\_ a research project. Volunteering [may/will/will probably (not)] benefit you directly, but/and you will be helping us/the investigators \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If you volunteer, you will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This will take about [# of m/h/d/w…] of your time. Volunteering for this study involves no more risk than what a typical person experiences on a regular day [or “Volunteering for this study involves (description of risk)]. Your involvement is entirely up to you. You may withdraw at any time for any reason. Please continue reading for more information about the study.

**Study Leadership:** This research project is led by name and title of Principal Investigator(s) of the Harvey Mudd College, who is being supervised by [if applicable, name, title and affiliation of faculty supervisor].

**Purpose**: Provide a specific statement of purpose in nontechnical language, and summarize, in lay language, the scientific, scholarly, clinical, and any other objective(s) of the research.

**Eligibility**: State the specific inclusion/exclusion criteria.

**Participation**: During the study, you will be asked to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This will take about # minutes/hours/days/etc.

**Risks Of Participation:** The risks that you run by taking part in this study are \_\_\_\_\_\_\_\_\_\_\_\_\_ These risks include \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. [Describe how the researchers will manage or control the risks.] [Use of **deception** in the study should be disclosed here.]

**Benefits Of Participation:** I/We [do not] expect the study to benefit you personally. [***If applicable***, i.e., if you do anticipate benefits for the subject:] The benefit(s) is/include \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This study will benefit the researcher(s) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This study is also intended to benefit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Compensation:** You [will/will not] be directly compensated [$ amount or description of item, if applicable] for participating in this study. [Include any conditions associated with reimbursement, such as completing a certain proportion of the study.]

**Voluntary Participation:** Your participation in this study is completely voluntary. You may stop or withdraw from the study [***If applicable*,** add “or refuse to answer any particular question for any reason”] at any time without it being held against you. Your decision whether or not to participate will have no effect on your current or future connection with anyone at HMC [*or with any other relevant entity/agency*]. [**For group settings**, describe the alternative to participation.]

**Confidentiality:** Your individual privacy will be protected in all papers, books, talks, posts, or stories resulting from this study. [If confidentiality/privacy will not be promised, disclose this fact]. [**NEW REQ:]** I/We may use the data we collect for future research or share it with other researchers, but I/we will not reveal your identity with it **[OR**: “I/We will not use the data we collect for future research, nor share it with others.”**].** In order to protect the confidentiality of your responses, I/we will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Sponsorship** [***If applicable***]: This study is being paid for by sponsoring agencies/funding source(s).

**Further Information:** If you have any questions or would like additional information about this study, please contact [name of the PI or a representative] at [phone number and email address] [**For student investigators:]** You may also contact [faculty supervisor] at [phone number and email address]. As a member of The Claremont Colleges consortium, HMC partners with the Claremont Graduate University for ethical and regulatory oversight of human subjects research and for other IRB services. The CGU Institutional Review Board (IRB) has approved this project. [**If status is EXEMPT**, replace “approved this project” with “certified this project as exempt**.”** If you have any ethical concerns about this project or about your rights as a human subject in research, you may contact the CGU IRB at (909) 607-9406 or at [irb@cgu.edu](mailto:irb@cgu.edu). A copy of this form will be given to you if you wish to keep it.

**Consent:** Your signature below means that you understand the information on this form, that someone has answered any and all questions you may have about this study, and you voluntarily agree to participate in it.

[**If applicable:** For online consent forms or other projects in which the IRB specifically waives the requirement for a participant **SIGNATURE**, a checkbox or equivalent signal rather than a signature block is appropriate and acceptable.]

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

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

[**If Applicable:**] The undersigned researcher has reviewed the information in this consent form with the participant and answered any of his or her questions about the study.

Signature of Researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Printed Name of Researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Strauss, V. (2016) Hiding in plain sight: The adult literacy crisis. *The Washington Post.* [*https://www.washingtonpost.com/news/answer-sheet/wp/2016/11/01/hiding-in-plain-sight-the-adult-literacy-crisis/*](https://www.washingtonpost.com/news/answer-sheet/wp/2016/11/01/hiding-in-plain-sight-the-adult-literacy-crisis/) [↑](#endnote-ref-1)