Instructions: Please complete yellow highlighted sections (XXX sections). Remember, you are familiar with your research, but this is new to your potential participants, so use simple, easy-to-understand language. When finished, remove highlighting/instructions (including this blue section) in this document before submitting to the Human Subjects Committee for review. When you are done, please proofread the document to make sure it reads well and make sure the information is correct.

\* **Disclaimer:** The names provided in this example are completely fictional and this document is meant to be used for reference purposes only. For additional details on developing an Informed Consent form, please review the HSC protocol guidelines or visit the [checklist](https://www.hhs.gov/ohrp/regulations-and-policy/guidance/checklists/index.html) developed by U.S. Department of Health and Human Services.

Date: XXX

Principle investigator(s): XXX

Study title: XXX

**Informed Consent Document**

My name is XXX and I am a faculty member/student XXX at SUNY Oswego conducting research on XXX. The purpose of this study is XXX. XXX (name the school/school district where you are conducting your research) is familiar with this research and has given me permission to do this research. Also, the SUNY Oswego campus has a research oversight committee called the Human Subjects Committee, and they have also reviewed and approved this study. The purpose of this form is to inform you of details regarding this study so you can decide if you want to participate.

**Your participation**

(Brief description of the project) – If you choose to participate, you will complete the following: Include a brief synopsis of the procedure to be followed. Your participation will take XXX minutes/hours. The risks associated with participation are: Any possible hazards, risks, or discomforts to the subject. A statement of confidentiality of any records identifying the subject.

**Benefits**

The benefits to you include: XXX (if there are no direct benefits to the participant please state here, if there are incentives outline them in this section). The benefits of the research include XXX (explain how this research benefits science/instructional design, society, etc.).

**Confidentiality**

Discuss whether you are collecting identifying information, and how the data/details will be protected. If the results from this research are presented at a conference or published in a journal, your information and individual responses will not be shared.

**Questions?**

If you have any questions about this study, please contact me at EMAIL and/or PHONE XXX. If you have any questions about your rights as a research participant, please contact the Human Subjects Committee Chair, Dr. Theo Rhodes, at hsc-admin@oswego.edu.

If you are comfortable with your child participating, please fill out the form below.

Thank you,

XXX (insert your name here, title, department, contact information)

I have read the above statement about the purpose and nature of the study, I affirm that I am at least 18 years old and I freely consent to participate.

Participant’s Name: Principal Investigator: