

Springfield College
Study Information Sheet for [course number & title here]

Study Title

Principal Investigator

Your Name

Phone Number or Email

Faculty Sponsor *(if applicable)*

Sponsor Name

Phone Number or Email

Other Researchers

Researcher Name

Phone Number or Email

- You are being asked to participate in a research study that measures the effectiveness of different teaching strategies.
- You are eligible to participate in this study if you are enrolled in [course] during the _____ semesters at Springfield College.
- The researcher will use data from your student record and course activities, including [specify the types of data which will be used here]. **Any publications and presentations derived from this project will not include names or other identifying information. Your name will be removed from the dataset once data collection is finished.** If at any time during the class you decide that you do not want your data to be used, notify the research team (**Researcher Name and email**) immediately with your name and the course you are enrolled in.
- **Your decision whether or not to be included in this study is separate from your participation as a student in the class and will not affect your grade or standing in this class in any way.**
- Possible risks/discomforts associated with the study are: the highly unlikely but potential breach of confidentiality.
- There are no direct benefits from participation in the study. However, this study may help researchers better understand how _____.
- You will not be compensated for your participation in this research study.
- All research data collected will be stored securely and confidentially on researcher computers. Student IDs will be removed and replaced with secure codes. The data will be anonymized and kept as part of a project to measure student success.
- The research team, and authorized SC personnel, may have access to your study records to protect

your safety and welfare. Any information derived from this research project that personally identifies you will not be voluntarily released or disclosed by these entities without your separate consent, except as specifically required by law.

- If you have any comments, concerns, or questions regarding the conduct of this research please contact the researchers listed at the top of this form.
- Please contact SC’s Institutional Review Board by phone, (413) 748-3818, or by e-mail, scirb@springfieldcollege.edu, if you are unable to reach the researchers listed at the top of the form and have general questions; or, if you have concerns or complaints about the research; have questions about your rights as a research subject; or have general comments or suggestions.
- Participation in this study is voluntary. There is no cost to you for participating. You may choose to skip a question or a study procedure. You may refuse to participate or discontinue your involvement at any time without penalty. You are free to withdraw from this study during the semester. **If you decide to withdraw from this study you should notify the research team (Researcher Name and email) immediately** so that your data can be removed from the research database.

By signing below, I attest that I am at least 18 years of age, and consent to participating in this study.

Signature _____

Name of Participant _____

Date _____