

## SAMPLE INFORMED CONSENT FORM

We invite you to take part in a research study being conducted by [Principal Investigator's name] who is a [professor / student] at Hampshire College, Amherst, MA, as part of his/her [ name of research project ]. The study, as well as your rights as a participant, are described below.

**Description:** [Provide description of your study here. For example: This study will examine people's reactions to a story in which two children argue over possession of a toy. Participants will watch the videotaped story and then answer questions posed by the investigator about how they would resolve the situation depicted in the story and how they think each of the depicted characters feels in the story.]

**Procedures:** If you agree to take part in this study, you will be asked to... [Describe the procedures to be used in the study in sequential order. If participants will be screened, describe screening procedures and major inclusion/exclusion criteria. All experimental procedures must be identified as such.]

[If the research involves questionnaires, surveys or interviews, describe the type of questions that will be asked (or the topics covered)]. You may skip any question you feel uncomfortable answering.

[Describe where and when the research will be conducted and how much time (per session and in total) will be required of the participant and whether or not the participant will be contacted in the future.]

**Confidentiality:** Your answers will not be associated with your name unless otherwise indicated below. Rather, each participant will be given an [identification number/pseudonym] on the interviewer's sheet. The [audio/video] of your participation will be destroyed after it has been transcribed. The findings from this study will be reported in a written paper that will be submitted to the Hampshire Library or may be submitted for publication and thus will be available to the public.

\_\_\_\_\_ I DO agree to the researchers using my real name in this research and any publications that results from the research.

\_\_\_\_\_ I DO NOT agree to the researchers using my real name in this research and any publications the results from the research.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_ I DO agree to have you [audio/video] this interview.

\_\_\_\_\_ I DO NOT agree to have you [audio/video] this interview.

I understand this [audio/video] will only be used for the purposes of research (e.g. analysis of responses, transcriptions of responses, etc.) and the [audio/video] itself will not be available to anyone aside from the researcher:

\_\_\_\_\_  
*Signature*

**Risks & Benefits:** There are no risks to your physical safety. However, it is possible that some of the issues raised will be sensitive. If this is the case you may choose not to answer any questions you feel uncomfortable with or stop participation at any time. [Describe additional risks/benefits and resources

available such as any compensation participants will receive, hotlines or other mental health resources available should the participants become distressed due to participation, etc.]

**Freedom to Withdraw or Refuse Participation:** I understand that I have the right to withdraw from participating in the study any time, or to refuse to answer any of the interviewer’s questions without prejudice from the investigator.

**Grievance Procedure:** If I have any concerns or am dissatisfied with any aspect of this study I may report my grievances anonymously to the Human Subjects Institutional Review Board, c/o Dean of Faculty Office, Hampshire College, Amherst, MA 01002, 413-559-5479.

**Questions?** Please feel free to ask the investigator any questions before signing the consent form or at any time during or after the study.

**Principal Investigator:** [Student/Faculty Name], [Division X student], Hampshire College;  
**Faculty Supervisor:** [Faculty Name], [School of YYYY], [Office Number], [Building], Hampshire College, [413 559-xxxx].

**Informed Consent Statement**

I, \_\_\_\_\_, agree to participate in the research project entitled, “[Project Title].” The study has been explained to me and my questions answered to my satisfaction. I understand my right to withdraw from participating or refuse to participate will be respected and that my responses and identity will be kept confidential unless indicated otherwise above. I give this consent voluntarily.

Participant Signature:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Investigator Signature:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*