

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: 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.

Confidentiality: Your answers will be not be associated with your name unless otherwise indicated below. Rather, each participant will be given an identification number on the interviewer's sheet. The videotape of your participation will be destroyed after it has been transcribed.

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

Signature

I agree to have you audio/videotape 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 will not be available to anyone aside from the researcher:

Signature

Risks & Benefits: There are no risks to your safety. You may opt to preview the videotape or watch it. The story raises no sensitive or controversial issues. Because the interview engages participants in thinking about non-violent conflict resolution, there are potential benefits to your ability to handle real-life situations of conflict.

Freedom to Withdraw or Refuse Participation: I understand that I have the right to stop watching the tape at 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 if desired 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, [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