

CONSENT FORM

You have been selected to participate in a research study being conducted as part of a (master's thesis/project) at the University of Houston-Clear Lake. The purpose of this study is to (insert purpose). Participation in the study will require you to (insert description of activities). This study will cover a period of (insert number of days, weeks, or months).

The benefits to you of this research include (insert benefits). There are no foreseeable risks in participation. (The foreseeable risks in participation include [insert risks]. Participation is voluntary, and you may withdraw from the study at any time, without penalty. Information collected as part of this study will be kept entirely confidential, and will be reported only in summary form so that the individuals cannot be identified. (Code numbers or pseudonyms will be assigned to subjects to insure that responses are anonymous.)

If you have any questions about this research, please call the project director, (insert student's name) at (insert area code and telephone number) or (insert faculty sponsor's name) at (insert university office area code and telephone number).

THIS PROJECT HAS BEEN REVIEWED BY THE UNIVERSITY OF HOUSTON-CLEAR LAKE SCHOOL OF EDUCATION COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS. Telephone: (281) 283-3618.

Please keep the upper part of this page for your information. Thank you for your assistance.

_____ Yes, I agree to participate in the study on (insert title of study)

_____ No, I do not wish to participate in the study on (insert title of study)

Signature

Date