



Dear Teacher,

We invite you to participate in a research study (project) called *xxxx.* This study is designed to learn more about xxxx.

This research is being conducted by xxxx (name of investigator(s) and is funded by xxxx (sponsor).

**What You Will Be Asked to Do**

If you agree to participate in the study here is what you can expect.

* List out procedures/steps and length of involvement)

**HOW LONG THE STUDY WILL LAST**

The study will last \*about # of days, weeks, months, etc. and involve up to \*# visits (to include how long each visit will last such as a classroom period, all day, etc.)

**The Risks of Participating, and What We Do to Make Those Risks as Small as Possible**

There is a very small risk that confidential data will be compromised. We will minimize this risk by ensuring that only the study staff and xxxx (list others) involved in the study have access to the study date/files (modify as appropriate); identifying information is removed from the data in a timely manner; that electronic data storage methods utilize encryption as well as password protection; and that hard copies of documents and videos are kept in locked, secure offices. The information that we gather will be used only for scientific or educational purposes to improve resources for schools and outcomes for students.

**Keeping Your Information Confidential**

Xxxx will follow all applicable federal and state laws that protect student personal and health related information (e.g., HIPAA and FERPA), including maintaining appropriate physical, electronic, and procedural safeguards. Your information is confidential and will not be shared or discussed with anyone outside of the approved study researchers and data collectors. All collected data for this project will be securely stored in lockable locations, secure computer files, or on computer servers accessible only to the approved and trained researchers and authorized staff.

How long will data be kept?

What about if a threat of violence is made (i.e., via a survey comment or a verbal statement)? Do you need a statement indicating that in such circumstances, information may be shared with others as appropriate?

Explain how participant data will be used/reported, i.e., in subsequent written reports, or journal articles, or presentations, etc.

Will all data be aggregated overall or by subgroups, so that individuals cannot be identified in subsequent reporting?

The Institutional Review Board (IRB), Soutehrn California Brainspotting Institute, and accrediting agencies may inspect and copy your records, which may have your name on them. Therefore, absolute confidentiality cannot be guaranteed.

**Benefits**

There are several potential benefits to participating in the project, which we believe far outweigh the risks. You may find participating in the xxxx research study interesting. Information you provide may help develop resources for students and teachers to continue to xxxx. Additionally, your participation will potentially benefit many other teachers and schools across the country and around the world, by helping us learn more about xxxx.

**Payment for Being in the Study**

Describe the prorated amount (amount of payment per visit, per procedure, etc.) and the total amount of payment for completing the study. Include any additional payments that may be offered. You may use a table format for clarity. Payment cannot be contingent upon successful completion of the study, as this would be coercive per 21 CFR 50.20, 50.25(a)(6), and ICH Guideline 3.1.8.

You may receive up to \*$0.00 for being in the study. You will be paid per completed *\*(visit, procedure, etc.)* as follows:

|  |  |
| --- | --- |
| **Visit** **(LIST OUT EACH VISIT)**  | **Compensation (amount)** |
|  | $.00 |
|  | $.00 |
|  | $.00 |
|  | $.00 |

If you choose to leave or are withdrawn from the study for any reason before finishing all \**(visits, procedures, etc.)* you will be paid for each completed *\*(visit, procedure, etc.)*. You will receive payment within \*(*number of days, weeks, etc.)* after your last study visit, or if you choose to leave or are withdrawn from the study for any reason, you will receive payment within \*(*number of days, weeks, etc.*) [**If the compensation time frames listed above are the same, combine the two statements.**]

**OR**

You will not be paid for being in this study.

**LEGAL RIGHTS**

You will not lose any of your legal rights by signing this consent form.

**CONTACT INFORMATION**

If you have questions about the research at any time, please contact xxxx (name and telephone number).

If you do not want to talk to the investigator or study staff, if you have concerns or complaints about the research, or to ask questions about your rights as a study subject you may contact Soutehrn California Brainspotting Institute. Soutehrn California Brainspotting Institute’s policy indicates that all concerns/complaints are to be submitted in writing for review at a convened IRB meeting to:

Soutehrn California Brainspotting Institute has approved the information in this consent form and has given approval for the investigator to do the study. This does not mean Soutehrn California Brainspotting Institute has approved your being in the study. You must consider the information in this consent form for yourself and decide if you want to be in this study.

**ALTERNATIVES TO PARTICIPATING IN THE STUDY**

Since this study is for research only, the only other choice would be not to be in the study.

**Your Right to Withdraw from the Project**

Your participation in the studyis entirely voluntary and your decision about whether or not to participate will involve no penalty or loss of benefits you might otherwise receive. If you do decide to participate, you can stop participating at any time without penalty. You have the right to refuse participation in thestudy. If you decide not to participate in the study or if you later decide to opt out of participation at any time you will not be penalized for doing so in any way (e.g. from your administrator or through any district evaluation). Participation or nonparticipation in the study will not affect your pay, your evaluations or your status with the school or district.

If you **DO** want to participate in the study, please sign this form. A copy of the form and the information packet/protocol will be given to you for you to keep for reference.

I have read this and I agree to participate in the study.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign and return in the survey envelope (modify as appropriate).

You will receive a signed copy of this consent form to keep.

We appreciate you taking the time to consider being a part of the *xxxx* project.

Printed Name of Person Explaining Consent Form:

Signature of Person Explaining Consent Form:

Signature of Investigator:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_