**Sample Informed Consent Forms**

**All samples provided should be used only as guides; all forms should be tailored to suit each PI’s particular research.**

**Sample 1: Participant(s) Is/Are over the Age of 18; Researcher Is a Faculty Member**

I agree to participate in a study entitled “Problem Solving in Groups Versus Individuals,” which will be conducted by Dr. Jane Doe of the New Jersey City University Psychology Department. The purpose of this study is to evaluate the methods used by individuals and groups to solve difficult problems. The data collected in this study will be combined with data from previous studies and will be submitted for publication in a research journal.

I understand that I will be required to attempt to solve a logic problem, and I will be assigned to work either individually or as part of a group. My participation in the study should not exceed one hour.

I understand that my responses will be anonymous and that all data gathered will be confidential. I agree that any information obtained from this study may be used in any way thought best for publication or education provided that I am in no way identified and my name is not used.

I understand that there are no physical or psychological risks involved in this study, and that I am free to withdraw my participation at any time without penalty.

I understand that my participation does not imply employment with the state of New Jersey, New Jersey City University, the principal investigator, or any other project facilitator.\*

If I have any questions or problems concerning this study, I may contact Dr. Ashok Vaseashta, chair of the NJCU Institutional Review Board, at 201-200-2453 or [avaseashta@njcu.edu](mailto:avaseashta@njcu.edu).

\*If these are the researcher’s students, please also include a statement something akin to “I understand that my participation or lack of participation will not impact my grades or my class standing in any way.”

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Participant Signature Date

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Principal Investigator Signature Date

**Sample 2: Participants Are Minors/Researcher Is a Graduate Student**

Dear Parent/Guardian,

I am a graduate student in the New Jersey City University Special Education Department. I will be conducting a research project under the supervision of Dr. John Doe, an NJCU professor of XXX, as part of my master’s thesis. My research project will study how children make decisions and develop strategies when playing games. I am requesting permission for your child to participate in this research. The goal of the study is to determine how strategy development changes as children mature.

Each child will be invited to play a game during a recess period and will then be led to a quiet corner of the recess area. Any child who expresses a desire not to play will immediately be escorted back to the main recess area. While playing the game, each child will be asked a series of questions while being videotaped. I will retain all videotapes at the conclusion of the study. To protect the identity and confidentiality of every child, only first names will be used to identify them. The videotapes may only be viewed by other researchers when the data are presented at a professional conference. All data will be reported in terms of group results; individual results will not be reported.

Your decision whether or not to allow your child to participate in this study will have no effect on your child’s standing in class. At the conclusion of the study a summary of the group results will be made available to all interested parents. If you have any questions or concerns please contact me at 201-555-5555, Dr. Doe at (201) 200-XXXX, or Dr. Ashok Vaseashta, chair of the NJCU Institutional Review Board, at 201-200-2453 or avaseashta@njcu.edu.

Sincerely,

Mary Fawn

Please indicate whether or not you grant permission for your child to participate in this study by checking the appropriate statement below and returning this letter to your child’s teacher by Month, Date, Year.

I grant permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in this study.

I do not grant permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in this study.

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Parent/Guardian Signature Date

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Principal Investigator Signature Date

**Sample 3: Participants Are Minors/Researcher Is a Faculty Member**

Dear Parent/Guardian,

I am a professor of XXX at New Jersey City University and I will be conducting a research project concerning how children make decisions and develop strategies when playing games. I am requesting permission for your child to participate in this research. The goal of the study is to determine how strategy development changes as children mature.

Each child will be invited to play a game during a recess period and will then be led to a quiet corner of the recess area. Any child who expresses a desire not to play will immediately be escorted back to the main recess area. While playing the game, each child will be asked a series of questions while being videotaped. I will retain all videotapes at the conclusion of the study. To protect the identity and confidentiality of every child, only first names will be used to identify them. The videotapes may only be viewed by other researchers when the data are presented at a professional conference. All data will be reported in terms of group results; individual results will not be reported.

Your decision whether or not to allow your child to participate in this study will have no effect on your child’s standing in class. At the conclusion of the study a summary of the group results will be made available to all interested parents. If you have any questions or concerns please contact me at 201-555-5555 or Dr. Ashok Vaseashta, chair of the NJCU Institutional Review Board, at (201)200-2453 or avaseashta@njcu.edu.

Sincerely,

Mary Fawn

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I grant permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in this study.

I do not grant permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in this study.

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Parent/Guardian Signature Date

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Principal Investigator Signature Date