**Consent for Scholarship of Teaching and Learning Research Study**

**Principal Investigator:** Faculty name

**Title of Study:** Fill in your title

**Institution:** Wabash College

Name of participant (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_

**The following information is provided to inform you about the research project and your participation in it.  Please read this form carefully.  Please feel free to ask any questions you may have about this study and the information given below.**

An important aspect of innovative teaching in an ever-changing world is to continually develop new ideas for \_\_discipline-specific statement\_\_; this area of research is known as Scholarship of Teaching and Learning, or SoTL.  When a new classroom activity is successful, educators often share their ideas through publication in journal articles.  Consequently, I would like to collect information from you to determine the educational effectiveness of the materials developed in \_\_course name/number\_\_.

**1. Purpose of the study**

The purpose of this SoTL study is to obtain information about the effectiveness of new activities as they relate to the learning outcomes for this course.  Details concerning the specific purposes of this research will be described at the conclusion of the study, \_\_state when this is – end of the semester?\_\_.  You may withdraw your consent for having your work included in the study at any time.

**2. Description of procedures and approximate duration**

Participation in this SoTL study will involve completing the assignments regularly associated with the course throughout the semester. The materials that will be collected for this study are \_\_list potential data sources here\_\_. The materials will be stored in a location (physical or electronic) that is accessible only to me, and any identifying information will be removed to the extent possible.

Participation in this SoTL study should not take any additional time beyond traditional coursework.

**3. Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this study.**

There are no anticipated discomforts or risks from participating in this research, beyond any that would normally arise from schoolwork.

**4. Confidentiality of participant identification.** [Choose either the top option, or the bottom two options, and delete the others.]

The information in the study records will be kept confidential.  Data will be stored securely.  If there is a document that I might like to quote from, I will specifically ask on that document for consent to quote your work, anonymously.Participant identification will not be included in any publications or presentations of this SoTL study.

**5. Anticipated benefits resulting from this study**

Although we do not anticipate any direct benefit to you outside your learning experience, your participation in this SoTL study may lead to the publication of materials for use in other classrooms and will help educators understand what strategies can help students learn new material and retain that knowledge more effectively.

**6. Contact information**

If you have questions about this study, you may contact \_name\_ at \_phone number\_ (or email@wabash.edu). If you have general questions about giving consent or about your rights as a participant, you may contact the chair of the Wabash College Institutional Review Board, Dr. Eric Olofson, at olofsone@wabash.edu or 765-361-6328.

**7. Access to the results of this study**

The results of this SoTL study may be presented at professional conferences.  The results may be submitted for publication in an academic journal.  Contact \_\_your name\_\_ if you are interested in the final results.

**8. Your rights as a volunteer:**

**Your participation in this SoTL study is voluntary and will in no way affect your grade in this or any other course.  Although I do expect you to do the work required of all students enrolled in this course, you may choose to not have your work included in the data for this study.  You also are free to withdraw permission for use of your work for this study without penalty, as long as you request so before the work is presented or published.**

**STATEMENT BY PARTICIPANT**

**I have read this consent form, or the material in this consent form has been explained to me verbally.  All my questions have been answered, and I freely and voluntarily choose to participate. By signing here I also verify that I am at least 18 years old.  (For participants under 18 years old, please contact the Chair of the IRB, Dr. Eric Olofson, at olofsone@wabash.edu, to arrange for parental consent.) I understand that I may withdraw my consent to have my information include in the publication or presentations as long as I notify the Principal Investigator by DATE.**

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_