Informed Consent Form for

**“Project Title Here”**

Goshen College IRB protocol #\_\_\_\_\_

You are invited to participate in a study called Insert Title Here. This study examines insert study purpose here.

**Procedures:**

Describe your procedures in language accessible to a person of 13 years of age.

**Privacy:**

Describe how a participant’s privacy will be protected. For example: “Information you provide today will remain confidential and will not be connected to any one individual. This conversation will be audio taped. The audiotape will not be heard by anyone, except the researcher and research assistants present today for transcription purposes.”

Also describe how you will keep participants’ identities private or indicate that you will use their name only if they agree. For example: “We will not identify participants using real names in our reports. All participants will be identified through pseudonyms (invented names) and the only identifiers we will use are age and gender unless the use of age or gender would point directly to an individual.”

**Risks:**

Describe any risks associated with this study.

**Benefits:**

Describe any direct benefits the participants will receive from participating in this study. Also describe any incentives offered for participation in this study – those can be called “indirect benefits.”

**Voluntary Participation:**

Participation in this study is completely voluntary. You will not be penalized for refusing to participate; neither will you receive any direct compensation from participation. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty.

If you have any questions, please feel free to ask us. You may contact us at the phone number or email address given on this sheet.

**To Report a Problem:**

If further questions arise, or you feel you have been treated unfairly, please contact Dr. Ross Peterson-Veatch, Curriculum Director, Center for Intercultural Teaching and Learning, Goshen College, 1700 S. Main St., Goshen, IN, ph. (574) 535-7504.

You will be given a copy of this form.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU ARE AT LEAST 18 YEARS OF AGE AND HAVE DECIDED TO PARTICIPATE HAVING READ THE INFORMATION PROVIDED ABOVE.

Name: Name of Principal Investigator

Title of P.I.

Office phone number of P.I.

Signature: email address of P.I.

Signature:

Date: Date: