**SAINT ELIZABETH UNIVERSITY INSTITUTIONAL REVIEW BOARD (IRB)**

**ADULT CONSENT FORM for Focus Groups**

*Complete this form and submit it with the Submission Form (Form 1). Indicate if you will use SEU letterhead*   *or the letterhead of the host site.*

TITLE OF RESEARCH: *Insert title of research here.*

RESEARCHER: *Insert your name; indicate whether you are a student, faculty or staff member of the College; state if the study is a course/degree requirement.*

 This study has been approved by SEU’s Institutional Review Board.

*Name of Researcher(s)* has/ have:

1. Explained the purpose and procedures of the research.

 ***Insert a description of your research here. Use straightforward language; just tell them the purpose of your research, what they will be asked to do, the location for the focus group, and the amount of time required. Also state that you will keep your conversation confidential. If they will be compensated, specify the reward, e.g. a gift certificate to Starbucks.***

***Put your explanation in the first-person from the participants’ perspective, because they are signing the document, e.g.: “I understand that Susan Davis will facilitate a focus group of ten middle school teachers to discuss our experience with Professional Learning Communities. The focus group will take place in the faculty lounge after the close of school and last approximately one hour. Ms. Davis will keep our conversation confidential. (If applicable, add a description of the reward.)***

1. Clarified that my participation is voluntary and that I may withdraw my consent and discontinue participation in the project at any time. My refusal to participate will not result in any penalty or benefit. I may choose to avoid answering some questions.
2. Clarified that there is an expectation of confidentiality regarding the conversation in the focus group meeting. Therefore, I agree not to discuss the focus group meeting after the session.
3. Answered any questions that I have regarding the study.

By signing this agreement, I understand that the researchers do not expect any foreseeable risks to me. There is no plan to reimburse me for any costs I might incur as a result of participating in this study.

I hereby give my consent to be a participant in your research.

I also give my consent to be audio (or video) recorded*. (Include this statement only if you will use an audio or video recording. In your form, mention only the type of recording you will use. Ask the participant to initial this line.)*

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 Print Name

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 Signature and Date

**THIS PAGE MUST BE PROVIDED TO THE SUBJECT**

Please keep this sheet in case you have any questions about this research project.

1. TITLE OF RESEARCH: *Insert title of research here.*
2. For answers to any questions you may have about this research, contact:

RESEARCHER: *Insert contact information for Researcher(s) here. Use your @steu.edu email.*

1. For answers to any questions you may have about your rights as a research subject, contact:

 Dr. Michele Yurecko

 Chair, Institutional Review Board

 Saint Elizabeth University

 2 Convent Road

 Morristown, New Jersey 07960

 973-290-4036

 irb@steu.edu