



The sample consent forms that are contained below are provided as guidelines to people creating their own forms.

Date

Dear Teacher,

I am writing to ask for your help with a \_\_\_\_\_ study that investigates \_\_\_\_\_. The research project involves learning more about \_\_\_\_\_. I hope that the findings of the study will inform \_\_\_\_\_ about \_\_\_\_\_.

There are three parts to the study: (i) a questionnaire (ii) an interview based on the questionnaire and (iii) videotaping of \_\_\_\_\_. The questionnaire has two parts. In the first, I ask you to respond to questions about \_\_\_\_\_. The second part asks some general questions about your background and teaching. In total it takes between \_\_\_\_ and \_\_\_\_ minutes to complete the questionnaire. You are under no obligation to complete the questionnaire, or to answer all questions presented in it. If you come to a question you do not wish to answer, simply skip it.

When you have completed the questionnaire, I would like to interview you about some of the answers that you gave to the questions. In particular, I would like to ask you why you chose particular answers and why you did not pick alternative answers. This will help me to determine if the questions are written as clearly as possible and if the answers are reasonable and precise. The interview would last for 60 minutes or less and it would be recorded on audiotape.

The third phase of the study involves videotaping you \_\_\_\_\_. I would like to use the videotapes of the lessons to study \_\_\_\_\_. The videotapes would be very helpful for studying \_\_\_\_\_. In particular I would like to be able to use the videotapes in the following ways:

- (a) To investigate the relationship between \_\_\_\_\_ and \_\_\_\_\_.
- (b) To study other aspects of \_\_\_\_\_ that arise when viewing the videotapes.
- (c) To show members of a research team at \_\_\_\_\_. This research group studies \_\_\_\_\_.
- (d) To investigate teaching issues in preservice and inservice courses for teachers.

I hope you will be willing to participate because your responses are important and a valued part of the study. Your participation will remain strictly confidential. Your name will not be attached to any of the data you provide. You are welcome to discontinue participation in the study at any time, should you wish to do so. The risks of participation in the study are very low and of a social or reputational nature. While every effort will be made to ensure your identity is protected (pixilation & voice distortion – where possible), there is a chance, for example, that someone who views the video may recognise you. However, the video will be kept in a secure location or on an encrypted device without your name attached to it. The video will be retained only for the purposes of the current study. Once the study is completed, the video will be destroyed on the basis of the schedule outlined in the Institute's data retention schedule. If you would like more information on how long the video data will be retained for, please don't hesitate to contact me directly. There are no risks or direct benefits in completing the

questionnaire or participating in the cognitive interview. You will be asked to sign forms (below) indicating agreement to participate in the different parts of the study.

If you agree to participate please contact me in one of the following ways: \_\_\_\_\_. If you are willing to participate, it would help me greatly to know this as soon as possible so that your participation can begin as soon as possible.

Your participation in this project is sincerely appreciated. I understand that your time is valuable and as a token of appreciation all teachers who participate in all parts of the study will receive \_\_\_\_\_.

Thank you for volunteering to participate in this research. Should you have questions regarding your participation, please contact \_\_\_\_\_. You may also contact my advisor for the project, \_\_\_\_\_. *This study has been considered from an ethical perspective by the Marino ethics in research committee. Should you have any questions or concerns about the ethical approval or conduct of this study, please contact MERC@mie.ie*

Yours faithfully,

\_\_\_\_\_

***You will be given a copy of this information to keep for your records.***

**Statement of Consent:**

Please read the questions below and indicate whether or not you would be willing to participate in the study as described.

Do you consent to participate in the study by completing the questionnaire described above? Yes No

Do you consent to be interviewed based on your questionnaire answers and to have the interview audiotaped? Yes No

Do you consent to have \_\_\_\_\_ videotaped in your classroom for the purposes of \_\_\_\_\_? Yes No

May I use the videotapes to study other aspects of \_\_\_\_\_ teaching that arise when viewing them? Yes No

May I use the videotapes to show them to other members of the research team at \_\_\_\_\_? Yes No

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

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

Signature of Investigator: \_\_\_\_\_

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

SAMPLE

Date

Dear Parent/Guardian,

Your child's teacher has agreed to participate in a research study about \_\_\_\_\_. The study looks at \_\_\_\_\_. As part of their participation in the study, your child's teacher will be videotaped teaching \_\_\_\_\_ to your child's class. I am requesting your consent to allow your child to be videotaped as part of this project.

If you decide not to allow your child to be videotaped, he or she will still participate in the classroom lesson, but will simply be asked to sit outside the range of the video camera.

If you agree to allow your child to be videotaped, your child's identity will remain completely confidential. His or her name will not be attached to any information I collect nor will these videotapes be used by anyone other than qualified researchers working on this study.

For more information about the study please contact \_\_\_\_\_. *This study has been considered from an ethical perspective by the Marino ethics in research committee. Should you have any questions or concerns about the ethical approval or conduct of this study, please contact [MERC@mie.ie](mailto:MERC@mie.ie)*

Yours sincerely,

Please complete **one** of the two options below:

1. \_\_\_ I **do** consent to allow my child \_\_\_\_\_ to be videotaped.  
(print child's name)

2. I do **not** wish my child \_\_\_\_\_ to be videotaped.  
(Print child's name)

Parent/Guardian Signature: \_\_\_\_\_

Date

Dear Student,

\_\_\_\_\_ is a new module in \_\_\_\_\_ and the lecturers on the course are studying the module carefully to ensure that it helps you in \_\_\_\_\_. We are also working to identify ways in which we can improve the module in the future. We study the module in various ways, by analysing course documentation, by studying \_\_\_\_\_, by reflecting on our own practice, by studying your feedback forms to each other, by seeking your feedback on the programme and by studying the feedback you receive after your end-of-module assessment.

We would like to share our research findings with researchers and teacher educators beyond \_\_\_\_\_. This would be done by giving a talk at a conference and/or by publishing an article in a journal. We would like you to consider allowing us to use some of the data we collect from you to present a paper based on it at a conference or in a journal.

Allowing us to include your data in our research is voluntary. It is our belief, however, that such research will contribute greatly to the understanding and improvement of this kind of module. Furthermore, in any publication about the research no names of students would be attached to any finding. In other words, this would all be done on an anonymous basis.

The records we would like to study and use are –

- Feedback forms \_\_\_\_\_
- Your responses to questionnaires about the module

If you consent to be included in research projects, the documents above will be studied to better understand how successful the module was. If you do not give your consent, your feedback forms (by you and about you) will not be included in the data set and your participation will not be studied. Because the evaluation forms will be anonymous, you will be required to tick a box on the form to indicate that you do not wish the form to be included in the research if that is the case.

If you require further information about these records and their use, or about any aspect of the proposed research, you may call \_\_\_\_\_.

\_\_\_\_\_

**Marino Institute of Education**

1. Permission for your feedback data to be used in the research study

I have read the above letter about the \_\_\_\_\_ Study and I agree that feedback forms completed by me and about me may be used anonymously in the research described above.

\_\_\_ YES

\_\_\_ NO

2. Permission for \_\_\_\_\_ to be used in the research study

I have read the above letter about the \_\_\_\_\_ Study and I agree that \_\_\_\_\_ may be used anonymously in the research described above.

\_\_\_ YES

\_\_\_ NO

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## CONSENT FORM: Students

**Full Title of Project:** \_\_\_\_\_

Name

Address

E-mail address

Phone:

|   | Please Initial Box |
|---|--------------------|
| I agree that I am over 18 years of age  |                    |
| I confirm that I have read/verbally communicated and understand the information sheet for the above study and have had the opportunity to ask questions |                    |
| I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason                                     |                    |
| I agree to take part in the above study   |                    |

|   | Please Tick Box |    |
|---|-----------------|----|
|   | Yes             | No |
| I agree to the interview being audio recorded   |                 |    |
| I wish to receive a copy of interview transcript for verification                             |                 |    |
| I agree to the use of anonymised quotes in publications                                       |                 |    |
| I confirm that I would like to attend a debriefing session before the evaluation is finalised |                 |    |

|                     |      |           |
|---------------------|------|-----------|
| Name of Participant | Date | Signature |
|                     |      |           |
| Name of Researcher  | Date | Signature |
|                     |      |           |