

Sample Participant's Informed Consent

By my signature on this form I acknowledge the following:

1. My participation is strictly voluntary, and I understand that I may choose to respond to any, all, or none of the questions asked in the group.
2. I have been assured that my responses will remain strictly confidential with regard to my identity
3. I understand the research requirement that the group interview be audio taped and that no identifying information will be associated with individuals in the study.
4. I understand that I will not receive any direct personal rewards from participating in this study and my participation will not affect my occupational or student standing.
5. I have the opportunity of seeing the results of this study if I so request.

_____ Participant _____ Date

_____ Principal Investigator

Phone # of PI: _____

* I request a copy of the research results be sent to me at the following address:

Any questions about this research may be directed to the Principal Investigator or Dr. Joseph Deardorff, Chair of the Wilmington College Doctor of Education Program at Wilson Graduate Center, 31 Reads Way, New Castle, DE 19720; Phone # (302) 295-1124.

ANY QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH SUBJECT MAY BE ADDRESSED TO THE WILMINGTON COLLEGE COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (302-328-9401). ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT WILMINGTON COLLEGE ARE GOVERNED BY REQUIREMENTS OF THE COLLEGE AND STATE AND THE FEDERAL GOVERNMENT.