

IB Psychology Informed Consent Statement

Study Title: *(use the same title of the original experiment)*

Experimenter(s): *(provide the full name of all group members)*

Description of Experiment: *(provide a sentence or two about the general activities participants will do)*

In order to participate in this research study, it is necessary that you give your informed consent. By signing this informed consent statement you are indicating that you understand the nature of the research study and your role in that research and that you agree to participate in the research. Please consider the following points before signing:

- I understand that I am participating in psychological research;
- I understand that my identity will not be linked with my data, and that all information I provide will remain confidential;
- I understand that I will be provided with an explanation of the research in which I participated and be given the name and telephone number of an individual to contact if I have questions about the research. In addition, I understand that I may contact the Mr. Bryan Freeman, IB Psychology instructor, if I have questions concerning my rights as a participant in psychological research or to report a research-related injury.

If you are running a study involving deception, the following clause is required:

- *I understand that certain facts about the study might be withheld from me, and the researchers might not, initially, tell me the true or full purpose of the study. However, the complete facts and true purpose of the study will be revealed to me at the completion of the study session.*
- I understand that participation in research is not required, is voluntary, and that, after any individual research project has begun, I may refuse to participate further without penalty.

By signing this form I am stating that I am over 16 years of age, and that I understand the above information and consent to participate in this study being conducted at James S. Rickards High School.

Signature: _____
(of participant)

Today's Date: _____

Print your First Name: _____ **Print your Last Name:** _____

Parental Consent Form:

I have been asked to give consent for my daughter/son to participate in this research study which will involve her completing one interview and one questionnaire .I understand that she/he will also be asked to give permission and that her/his wishes will be respected. I have been informed that the risks are minimal and may include only _____. I am aware that there may be no benefit to either my child or me personally and that we will not be compensated beyond travel expenses. I have been provided with the name of a researcher who can be easily contacted using the email I was given for that person.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily for my child to participate as a participant in this study and understand that I have the right to withdraw her/him from the study at any time without in any way affecting our care at this Centre.

Print Name of Parent or Guardian _____ Parent Signature: _____

For information, contact Mr. Freeman at freemanb2@leonschools.net