



**NSU Consent to be in a Research Study Entitled:  
*Impacting Student Behavior by Implementing Home Visits***

**Who is doing this research study?**

College: Fischler College of Education  
Principal Investigator: John Doe, BA, MA  
Faculty Advisor/Dissertation Chair: Sue Faculty, EdD  
Site Information:

Melinda Boone, Superintendent  
Northside Stem Academy at Campostella  
Norfolk Public Schools  
321 Main Street  
Norfolk, VA 23510  
555-628-5555

Funding: Unfunded

**What is this study about?**

This is a research study that will help with the homework habits and classroom behaviors of young children. The purpose of the study is to determine if the implementation of six home visits will help make young children's classroom behaviors better and provide good strategies for you to better monitor the children's homework.

**Why are you asking me to be in this research study?**

You are being asked to be in this research study, because you are a teacher. Your assistance is needed to reinforce the parents' expectations for good classroom behaviors. This study will include 10 teachers from the elementary school classroom of Mr. John Doe.

**What will I be doing if I agree to be in this research study?**

You will be asked to:

- participate in pre-assessment data collection for 10 minutes by completing the Sutter-Eyberg Student Behavior Inventory (SESBI) two days before the intervention starts to get your perceptions on children's misbehaviors and homework completion;
- participate in post-assessment data collection for 10 minutes by competing the SESBI about two days after the end of the intervention.

Your total time involvement is 10 minutes + 10 minutes = 20 minutes.

There may be reasons why we feel the need to remove you from the study early. The reasons are if you fail to participate in either the pre-assessment data collection or post-assessment data collection. The early notification will give this researcher time to make alternate arrangements, as a make-up for you missing the scheduled activity.

**Are there possible risks and discomforts to me?**

This research study involves minimal risk to you. To the best of our knowledge, the things you will be doing have no more risk of harm than you would have in everyday life.

**What happens if I do not want to be in this research study?**

You have the right to leave this research study at any time, or not be in it. If you do decide to leave or you decide not to be in the study anymore, you will not get any penalty or lose any services you have a right to get. If you choose to stop being in the study, any information collected about you **before** the date you leave the study will be kept in the research records for 36 months from the conclusion of the study but you may request that it not be used.

**What if there is new information learned during the study that may affect my decision to remain in the study?**

If significant new information relating to the study becomes available, which may relate to whether you want to remain in this study, this information will be given to you by the investigators. You may be asked to sign a new Informed Consent Form, if the information is given to you after you have joined the study.

**Are there any benefits for taking part in this research study?**

There are no direct benefits from being in this research study. We hope the information learned from this study will provide you more strategies and knowledge on how to help your child acquire good school behaviors and successful completion of homework that will result in better grades and test scores for the children.

**Will I be paid or be given compensation for being in the study?**

You will not be given any payments or compensation for being in this research study.

**Will it cost me anything?**

There are no costs to you for being in this research study.

**How will you keep my information private?**

Information we learn about you in this research study will be handled in a confidential manner, within the limits of the law and will be limited to people who have a need to review this

information. All data will be coded (e.g. Teacher 1, Teacher 2, Teacher 3, etc.) rather than using names and school identifying information. If we publish the results of the study in a scientific journal or book, we will not identify you. All confidential data will be kept in a locked file cabinet in the researcher's home office, and only this researcher and research assistant will have the key to the lock. All data will be kept for 36 months and when not needed, destroyed after that time by shredding.

### **Will there be any Audio or Video Recording?**

This research study involves audio and/or video recording.

### **Whom can I contact if I have questions, concerns, comments, or complaints?**

If you have questions now, feel free to ask us. If you have more questions about the research, your research rights, or have a research-related injury, please contact:

Primary contact: John Doe, M.A. can be reached at (555-555-5555).

If primary is not available, contact:  
Sandra Duncan, EDD can be reached at (555-555-5555).

### **Research Participants Rights**

For questions/concerns regarding your research rights, please contact:

Institutional Review Board  
Nova Southeastern University  
(954) 262-5369 / Toll Free: 1-866-499-0790  
[IRB@nova.edu](mailto:IRB@nova.edu)

You may also visit the NSU IRB website at [www.nova.edu/irb/information-for-research-participants](http://www.nova.edu/irb/information-for-research-participants) for further information regarding your rights as a research participant.

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**Research Consent & Authorization Signature Section**

Voluntary Participation - You are not required to participate in this study. In the event you do participate, you may leave this research study at any time. If you leave this research study before it is completed, there will be no penalty to you, and you will not lose any benefits to which you are entitled.

If you agree to participate in this research study, sign this section. You will be given a signed copy of this form to keep. You do not waive any of your legal rights by signing this form.

**SIGN THIS FORM ONLY IF THE STATEMENTS LISTED BELOW ARE TRUE:**

- You have read the above information.
- Your questions have been answered to your satisfaction about the research.

**Adult Signature Section**

I have voluntarily decided to take part in this research study.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Obtaining  
Consent and Authorization

\_\_\_\_\_  
Signature of Person Obtaining Consent &  
Authorization

\_\_\_\_\_  
Date