**INSTRUCTIONS**

Please provide relevant information in the sections below, replacing BLUE CAPITALIZED SECTIONS with information specific to your study, and deleting all instructions (in red) and sections that do not apply to your research. The document should be written in plain, jargon-free language that could be understood by individuals with a middle school education. Please see the [PRISM Readability Toolkit](https://kpwashingtonresearch.org/application/files/6415/5500/0956/PRISM_readability_toolkit.pdf) for guidance on improving readability. We also recommend checking your reading level at [readable.com](http://readable.com).

Please also see our [Consent Library](https://www.bowdoin.edu/grants-office/research-compliance/irb/consent/consent-library.pdf) for example language that can be used for a number of specific circumstances (e.g., use of questionnaires, focus groups, certificate of confidentiality).

**Please delete this entire box prior to submitting the form for review.**

You are invited to participate in a research study titled [INSERT TITLE]. This study is being led by [INSERT NAME OF PI], a [INSERT ROLE] (e.g, student, faculty, staff member) from the [INSERT DEPARTMENT/PROGRAM] at Bowdoin College.

*If a student is leading the study, please also include:* The Faculty Advisor for this study is[INSERT NAME], from the [INSERT DEPARTMENT/PROGRAM] at Bowdoin College.

*If funded:* This study is being funded by [INSERT NAME OF SPONSOR].

**WHAT IS THIS STUDY ABOUT?**

The purpose of this research study is to [INSERT PURPOSE].

*Provide a brief (1-3 sentence) explanation of the purpose(s) of the research.*

**WHAT WILL I BE ASKED TO DO?**

If you decide to participate in this study, you will [INSERT].

*Clearly explain what the participant will be asked to do and the approximate time commitment of the study.*

**WHAT ARE THE RISKS AND DISCOMFORTS?**

***Choose either of the following statements:***

**We do not anticipate that being in this study will expose you to any risk of harm. OR**

**It is possible that [INSERT REASONABLY FORESEEABLE RISK OR DISCOMFORTS] from being in this study.**

***If you are collecting identifiable information about participants, please include the following:***

Because we will collect personal, identifiable information about you, it is possible that people who are not supposed to see your information might somehow get access to it. We will take precautions to prevent this, but we cannot ever be certain that it won’t happen.

**WILL I BENEFIT FROM BEING IN THIS STUDY**

***Choose either of the following statements:***

**No. *OR***

**You may not benefit from being in this study. It is possible, however, that you [INSERT REASONABLY FORESEEABLE BENEFITS TO THE PARTICIPANT OR OTHERS].**

***Note: Compensation, gifts, l****earning about how experiments are conducted, or earning extra credit for being a research participant* ***are not “benefits” and should not be listed here.***

**WILL I BE PAID FOR BEING IN THIS STUDY?**

***Choose either of the following statements:***

**No.****OR**

**Yes. For being in this study, you will [INSERT DESCRIPTION OF PAYMENT].**

*Indicate whether the participant will receive any form of compensation (e.g., money, entry into a raffle, a prize, extra credit) for participating in the study.* ***If students will receive course credit for participation, ways of earning credit without participating in the research should be mentioned here. If compensation is pro-rated depending on degree of participation, please describe that here as well.***

**WILL I BE RECORDED OR PHOTOGRAPHED IN THIS STUDY?**

***Note: If audio, video and/or photographic recording will not be done, you may delete this entire section and heading.***

**Yes. *Please explain what and when you will record and why these recordings are needed.***

***If recording is optional, provide a place for participants to indicate their willingness to be recorded. For example:***

**Please indicate below if you are willing to be recorded, as described above. You may still participate in this study even if you are not willing to be recorded.**

**Audio recording:**

* **I do not want to be audio recorded.**
* **I am willing to be audio recorded.**

**Video recording:**

* **I do not want to be video recorded.**
* **I am willing to be video recorded.**

**Photography:**

* **I do not want to be photographed.**
* **I am willing to be photographed.**

***Note: If you intend to use or distribute any of the recordings or images created for this study (e.g., within publications, presentations, in educational contexts, promotional materials, etc.), separate permission must be obtained.***

**WILL THE INFORMATION I SHARE WITH YOU BE LINKED TO MY IDENTITY?**

*Choose:*

Yes. OR

No.

**HOW WILL YOU PROTECT THE CONFIDENTIALITY OF THE INFORMATION I SHARE WITH YOU?**

***Note: If you are NOT collecting identifiable information, you may delete this entire section and heading.***

To protect the confidentiality of the information you share with us, we will [INSERT *any steps you will take to either de-identify your data or make it more difficult for individual participants to be identified should there be a breach of confidentiality. For example, you might code all study data with a number or pseudonym and keep identifying information separate from other research data.]*

**DO I HAVE TO BE IN THIS STUDY?**

You may choose not to take part in this study for any reason. If you join this study, you may change your mind and stop participating in the study at any time and for any reason. In either case, you will not lose any benefits to which you are otherwise entitled. *Optional text:* You may also skip any questions or procedures that you do not wish to take part in.

**WHO SHOULD I CONTACT WITH QUESTIONS?**

If you have questions or problems related to this study, you should contact [INSERT PRINCIPAL INVESTIGATOR’S OR FACULTY ADVISOR’S NAME]at [INSERT EMAIL ADDRESS]or at [INSERT PHONE NUMBER].

If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Bowdoin College Institutional Review Board (IRB) at [irb@bowdoin.edu](mailto:irb@bowdoin.edu).