

Revised 10/05

**SAMPLE  
INFORMED CONSENT FORM**

Project Title: \_\_\_\_\_ Principal Investigator: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Faculty Sponsor: \_\_\_\_\_ Department: \_\_\_\_\_

I am a \_\_\_\_\_ in the \_\_\_\_\_ department at  
(*doctoral/pre-doctoral/, masters/honors student; researcher*)  
\_\_\_\_\_ University. I am conducting research on \_\_\_\_\_.

I would like you to consider participating in this study of (*insert criteria*). It is hoped that this study can be used to help us provide more information about (*your research topic*). This information will help us further understand and assist (*describe benefit*).

For this study, you will be asked to: (*adapt for your study*)

1. Fill out a questionnaire that will ask about your age, gender, race, marital status, hearing loss, family, educational and communication background.  
  
You will watch a videotape of a person signing 15 signs. You will see one sign at a time and you are to rate on a scale how much you liked or disliked the sign.
2. It is anticipated that your participation will take approximately (*insert time*).
3. You will be paid \_\_\_\_\_ /hour (*or other form of compensation*) for your participation.
4. Effort will be made to accommodate your language and communication style.
5. There is no more than minimal risk to individuals who participate in this research study, and confidentiality will be maintained.
6. If your data is used in a publication, your name or other identifying information will not be used. Instead, you will be given a code number in order to assure confidentiality. Written records will be kept in a secure file to which only the principal investigator has access. Your participation in this study is voluntary. If you decide not to participate in the study, it will not change your relationship to Gallaudet University and \_\_\_\_\_ University (*or child's school system*) in any way.
7. You may withdraw from the study at any time, for any reason and without penalty. It is hoped, however, that you will offer your full participation.
8. (*If applicable include the following statement*) You will not (*will*) be given individual (test) results obtained during this study.

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Questions about any risk to you because of participation in this study may be addressed to the researcher, \_\_\_\_\_, at the phone number or e-mail account at the top of this consent form, or the Chairperson of the Gallaudet University Institutional Review Board for the Protection of Human Subjects (IRB) at 202-651-5400 (v/tty) or irb@gallaudet.edu.

I have read the Informed Consent Form and agree to participate in the study, \_\_\_\_\_, conducted by \_\_\_\_\_. I understand that I can withdraw from this study at any time without penalty or prejudice. I understand that I (*will or will not*) receive payment or reimbursement for my participation. Additionally, I understand that this form will be renewed annually. This form expires one year from date signed.

Your Name \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

You must also obtain written assent from children between 14 and 18 years of age.

Your Child's Name \_\_\_\_\_

Your Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

Children under 14 years of age must give their verbal/signed assent.