

(Letter head)

RESEARCH PARTICIPATION CONSENT FORM

(For interview participants over the age of 18)

My name is _____ and I am a researcher for (research group's name) The Primary Investigator of this project is (PI's name), (PI's position) in the (program) at (college/university.)

We are doing research that explores young people's views of schooling and the GED and the value of the GED in the every day life of New York City residents.

We would like to interview you to learn about your experiences as a student or with students in New York City public schools, and your views on schooling and your views on the GED.

During our interview, I will ask you some questions about your past experiences and your ideas about schooling and the GED. If there are any questions that I ask that you would prefer not to answer, please feel free to tell me and we will move on to another question. If you would like to stop the interview at any time, please tell me and we will end our interview immediately.

During our interview, I will take some notes of the things that you say, but I will either videotape or audio record you so that I can have a record of everything that we both say.

There are no risks to you in this study. You may choose to go by your real name or by a false name in our study. I will ask you again at the end of our interview if you would like to use your real name or a false name.

(PI's name) and the other (research group name) researchers will publish the results of the study. Any of your statements that we use from the audio and video recordings will be credited to you, unless you decide to use a false name. If you would like a copy of the study, please provide me with your address and I will send you a copy in the future.

As a thank you for your time, we will give you a movie ticket voucher that is good for use at many theaters around New York City.

Your participation in this interview is completely voluntary and you may refuse to participate at any time with no penalty. If you have any questions about this research, you can call (PI name) at (PI cell phone) or email her at (PI email.) You can also reach any (research group name) researcher at (research group email). You may also contact (PI name's) dissertation advisor, (advisor's name) at (advisor's email). If you have questions about your rights as a participant in this study, you can contact (IRB administrator's name), Institutional Review Board Administrator, (college/university), (phone), (email).

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Thank you for your consideration. I will give you a copy of this form to take with you. If you agree to participate in this research project, please sign below:

I am over 18 and eligible to participate in this study. [circle one]:

Yes No

I agree to be interviewed for this project. [circle one]:

Yes No

I agree to be video or audio taped during this interview. [circle one]:

Yes No

Participant's signature

Date

Investigator's signature

Date

Participant's name printed

Investigator's name printed

(PI's) signature

Date