MORAINE VALLEY COMMUNITY COLLEGE
INSTITUTIONAL REVIEW BOARD
SAMPLE INFORMED CONSENT

To Be Used For Non-Exempt Research

NOTE: It is not necessary to use this form for survey research in which return of survey/questionnaire gives implied consent.

The following suggestions are offered as guidelines. The exact language is the decision of the researcher. Keep in mind, however, that the Institutional Review Board must determine if the participants will be giving **informed consent**. (Note: in the case of children, it is **assent**).

Dear (student, parent, sir, madam, etc.):

We are conducting a study to determine _____. In this study, you (your child/ward) will be asked to _____. Your participation should take about _____minutes.

There are no risks to you (your child/ward). **OR**

The only risks to you (your child/ward) include _____.

All information will be handled in a strictly confidential manner, so that no one will be able to identify you (your child/ward) when the results are recorded/reported.

Your (your child's/ward's) participation in this study is totally voluntary and you may withdraw at any time without negative consequences. If you wish to withdraw at any time during the study, simply _____.

Please feel free to contact _____ (names(s), title(s) of principal researchers) at _____ (phone) if you have any questions about the study. Or, for other questions, contact the Director of Institutional Planning and Research at Moraine Valley Community College at khans46@morainevalley.edu or 708-974-5282.

If the participant is of age (18 years old or older), use:

I understand the study described above and have been given a copy of the description as outlined above. I am 18 years of age or older and I agree to participate.

_____
Signature of Participant Date

If the participant is not of age, use:

I understand the study described above and have been given a copy of the description as outlined above. I agree to allow my child/ward to participate with his/her assent when possible.

_____
Signature of Parent/Guardian Date

ASSENT format:

I understand what I must do in this study and I want to take part in the study.

_____
Signature of Child/Ward Date