

Westcliff University
Letter of Informed Consent

This research is being conducted by (Insert your full name) who is a student in the College of Business at Westcliff University, Irvine working on a dissertation. This study is a requirement to fulfill my degree and will not be used for decision-making by any organization. This study is for research purposes only.

The title of this study is (Insert the title of your dissertation).

- The purpose of this study is Insert the purpose you have in your approved proposal. (Ex. The purpose of this study is to evaluate school discipline plans in traditional public high schools in the XYZ school district. This study is seeking to determine the effectiveness of these discipline plans and their quality of their use.
- I was asked to be in this study because (ex. I am an administrator at a traditional public high school in the XYZ school district.
- A total of (how many people do plan to ask to participate in your study.) people have been asked to participate in this study. (ex. A total of 100 people have been asked to participate in this study)
- If I agree to be in this study, I will be asked to (What do you want them to do? ex. My participation in this study is completely voluntary. If I participate in this research, I will be asked to complete and/or participate in (a survey, interview, focus group etc.)
- This study will take (how much time participant will spend ex. This research will be conducted between October 2016 and November 2016. I will be asked to participate during this timeframe. The survey will take approximately fifteen (15) minutes to complete.).
- The risks associated with this study are (what things may cause the participant harm? Describe the type of harm (psychological, social, legal or economic) Ex. The risks associated with this study are minimal. This project may affect me socially at my work site and I may feel that I am experiencing retaliation for participation or non-participation in the research by staff or supervisors. If I feel I have experienced retaliation or other issues creating a hostile work environment from staff or supervisors as a result of my participation in this research study, I can contact the Executive Director of Human Resources Jane Doe at 310-555-5555.
- The benefits of participation are (tell what the benefits are to the participant or say. Ex. There will be no direct or immediate personal benefits for me in this research, except for my contribution to the study. For the professional audience, the potential benefit of this

research will provide additional knowledge on the literature concerning the use of discipline plans in traditional public high schools.)

- I will receive no compensation, monetary or otherwise, for participating in this study. (If there is compensation please state. Ex. I will receive a five dollar (\$5.00) gift certificate to Lakeshore Educational Store for participating in this study.)
- The information I provide will be treated confidentially, which means that nobody except principal investigator (insert your name) will be able to tell who I am. I am being asked to refrain from placing my name or any other identifying information on any research form or protocols to further ensure confidentiality is maintained at all times. All recorded information will be stored securely for three years, as per Westcliff University requirements. At the end of three years, all recorded data and other information will be deleted and all written data will be shredded.
- The records of this study will be kept private. No identifiers linking me to the study will be included in any sort of report that might be published.
- The records will be stored securely and only (principal investigator insert name here) will have access to the records.
- I have the right to get a summary of the results of this study if I would like to have them. I can get the summary by contacting (Insert your name) at (Insert your Westcliff email address).
- I understand that my participation is strictly voluntary. If I do not participate, it will not harm my relationship with (insert your name, the university, job, benefits, etc. Ex. Joseph Doe, Westcliff University or the XYZ School District.). If I decide to participate, I can refuse to answer any of the questions that may make me uncomfortable. I can withdraw at any time without my relations with (the university, job, benefits, etc., Ex. Westcliff University, or XYZ School District) being affected.
- I can contact (Insert your name, phone number and Westcliff email address, Your dissertation chair name, phone number and Westcliff email address Ex. Joseph Doe at 714-555-5555 or Joedoe@ego.westcliff.edu or Dr. Mary Doe 16715 Von Karman Ave. Ste 100, Irvine, CA 949-555-5555) with any questions about this study.

I understand that this study has been reviewed and certified by the Institutional Review Board, Westcliff University. For problems or questions regarding participants' rights, I can contact the Institutional Review Board Chair, Dr. Diane Watkins, 16715 Von Karman Ave Ste 100, Irvine, CA 92606, 888-491-8686 ext. 5099 and IRB@westcliff.edu.

If using an online survey add this:

I have read and understand the explanation provided to me and I have had all my questions answered to my satisfaction. By continuing with the study, I am giving my voluntary consent to participate.

Add information here like the URL for the participant to proceed to the electronic site for data collection, i.e., Survey Monkey, etc. If this is an online survey you must include a button here which says "I agree to participate".

If completing interview add this:

I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study. I have been given a copy of this consent form. By signing this document, I consent to participate in the study.

Name of Participant (printed) _____

Signature: _____ Date: _____

Signature of Principal Investigator: _____

Date: _____

Information to identify and contact investigator (address, telephone, etc.)

Westcliff University

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This research is being conducted by **Joseph Doe** who is a student in the College of Business at Westcliff University, Irvine working on a dissertation. This study is a requirement to fulfill my degree and will not be used for decision-making by any organization. This study is for research purposes only.

The title of this study is **An Evaluation of Discipline Plans in Traditional Public High Schools in the XYZ School District.**

- The purpose of this study is to evaluate school discipline plans in traditional public high schools in the XYZ school district. This study is seeking to determine the effectiveness of these discipline plans and their quality of their use.
- I was asked to be in this study because I am an administrator at a traditional public high school in the XYZ school district.
- A total of 100 people have been asked to participate in this study.
- My participation in this study is completely voluntary. If I participate in this research, I will be asked to complete and/or participate in a 20 question survey.
- This research will be conducted between October 2016 and November 2016. I will be asked to participate during this timeframe. The survey will take approximately fifteen (15) minutes to complete.
- The risks associated with this study are minimal. This project may affect me socially at my work site and I may feel that I am experiencing retaliation for participation or non-participation in the research by staff or supervisors. If I feel I have experienced retaliation or other issues creating a hostile work environment from staff or supervisors as a result of my participation in this research study, I can contact the Executive Director of Human Resources Jane Doe at 310-555-5555.
- There will be no direct or immediate personal benefits for me in this research, except for my contribution to the study. For the professional audience, the potential benefit of this research will provide additional knowledge to the literature concerning the use of discipline plans in traditional public high schools.
- I will receive a five-dollar (\$5.00) gift certificate to Lakeshore Educational Store for participating in this study.)
- The information I provide will be treated confidentially, which means that nobody except **Joseph Doe** will be able to tell who I am. I am being asked to refrain from placing my name or any other identifying information on any research form or protocols to further

ensure confidentiality is maintained at all times. All recorded information will be stored securely for three years, as per Westcliff University-Los Angeles requirements. At the end of three years, all recorded data and other information will be deleted and all written data will be shredded.

- The records of this study will be kept private. No identifiers linking me to the study will be included in any sort of report that might be published.
- The records will be stored securely, and only Joseph Doe will have access to the records.
- I have the right to get a summary of the results of this study if I would like to have them. I can get the summary by contacting **Joseph Doe at Joedoe@ego.westcliff.edu**
- I understand that my participation is strictly voluntary. If I do not participate, it will not harm my relationship with **Joseph Doe, Westcliff University or the XYZ School District**. If I decide to participate, I can refuse to answer any of the questions that may make me uncomfortable. I can withdraw at any time without my relations with **Westcliff University, or XYZ School District** being affected.
- I can contact **Joseph Doe at 714-555-5555 or Joedoe@ego.westcliff.edu or Dr. Mary Doe, Dissertation Chair at 16715 Von Karman Ave. Ste 100, Irvine, CA 949-555-5555, marydoe@westcliff.edu** with any questions about this study.

I understand that this study has been reviewed and certified by the Institutional Review Board, Westcliff University. For problems or questions regarding participants' rights, I can contact the Institutional Review Board Chair, Dr. Diane Watkins, 16715 Von Karman Ave Ste 100, Irvine, CA 92606, 888-491-8686 ext. 5099 and IRB@westcliff.edu.

I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study. I have been given a copy of this consent form. By signing this document, I consent to participate in the study.

Name of Participant (printed) _____

Signature: _____ Date: _____

Signature of Principal Investigator: _____

Date: _____

Principal Investigator: Joseph Doe, 714-555-5555, Joedoe@ego.westcliff.edu