



**RESEARCH CONSENT FORM FOR STUDENTS 18 YEARS OF AGE AND OVER (SURVEYS)**  
**OPRC Study Group**

*Subject Name* \_\_\_\_\_

*Date* \_\_\_\_\_

Enhancing Students' Help-Seeking Behavior and Reinforcing Problem-Solving Skills (E-SHARP)

*Title of Study*

Dr. Kiran R. Bhutani

*Principal Investigator*

**FWA00004459**

**KEY INFORMATION**

- We are researching help-seeking behavior of college students in online mathematics classes to better design online learning that inspires positive help-seeking behavior and helps students succeed.
- You will be asked to participate in multiple surveys as part of your Online Precalculus Review Course.
- You will be asked to complete a set of questionnaires about help-seeking behaviors and your thoughts about the effectiveness of help-seeking sources. You also will be asked some background information about yourself.
- Participation is entirely voluntary.
- Individuals cannot be included as participants if they are currently enrolled in any course taught by Dr. Bhutani or Dr. Bojczyk.

**INVITATION TO PARTICIPATE**

We invite you to participate in a research study conducted in the Departments of Mathematics and Education at the Catholic University of America (CUA). Before you decide, we want you to know why we are performing the study and what you will be asked to do. This form gives you the information about the study, and you may ask any questions that you may have, after which we will ask you to sign this form to show that you understand and are agreeing to participate. It is important to know that taking part in this research study is entirely voluntary; you do not have to participate. You also may change your mind and drop out of the study at any time.

**PURPOSE**

The purpose of this study is to gain an understanding of the help-seeking behavior of college students in online mathematics classes to better design online learning that inspires positive help-seeking behavior and helps students succeed. By participating in this study, you will learn more about your own beliefs and practices regarding help-seeking behavior. By building this foundation, you will be able to apply more effective strategies in your own classes.

**DESCRIPTION OF THE PROCEDURES**

Throughout your enrollment in the OPRC, you will complete a series of surveys. The pre-OPRC survey at the beginning of the course will collect information about demographics such as your major, class standing, age, etc. Pre- and post-OPRC surveys will measure ways that you seek help, your attitude about asking for help, sources of support that you use regularly, and how confident you feel about your ability in mathematics. Short surveys after each of the five modules will look specifically at how you sought help during that module in addition to how you felt about the type of help that you received.

Subject's Initials \_\_\_\_\_ Date \_\_\_\_\_



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If you agree to participate, you will be asked to complete a series of 7 surveys. Five shorter surveys will take 5-10 minutes each, and two longer surveys will take 10-15 minutes to complete. The shorter surveys will be part of the online course after each of the 5 subject modules. One of the longer surveys will be administered at the beginning of the course, and the other will be administered at the end of the course. All of the surveys will be administered via links to Qualtrics through Blackboard. Information collected throughout the study, as well as your participation, will be kept confidential. You are welcome to skip any of the questions if you do not feel comfortable answering them. As previously stated, all of these tasks are completely voluntary. If you decide you no longer wish to participate in the research at any time, you can stop without penalty.

### DISCOMFORTS AND RISKS

There are no known risks associated with any of the procedures in the study. You are free to skip any questions that make you feel uncomfortable or stop participation in the study at any time. The course work is automatically graded by the homework platform, and the surveys are administered separately from the course work.

### CONFIDENTIALITY

We will keep all study records as confidential to the extent that the law allows. This means that we will not tell anyone you are in the study. You will be given a subject identification number so that the results of the questionnaires are tagged with this confidential number and not your name. Your signed informed consent form will be kept separate from all data you have provided. All records will be kept in a locked office or a password protected computer, and they will be available only to the researchers affiliated with the E-SHARP research study. Only aggregate findings will be shared in any report of the results, and the names of students that participated will never be identified in presentations or publications.

### RISKS DURING PREGNANCY

There are no expected risks during pregnancy from participating in this study.

### EXPECTED BENEFITS

There are no expected benefits from participating in this study.

### WITHDRAWAL FROM THE STUDY

You may choose to withdraw from the study at any time without penalty.

### COSTS AND PAYMENTS

There will be no cost to you for participating in this research. Participation in this study is strictly voluntary.

### FUTURE USE OF DATA STATEMENT

Data collected during this study will be used for academic and research purposes. Current and future affiliates of the E-SHARP research group may be given access to de-identified data for follow up studies and analysis.

### CONTACTS

If you have any problems or questions about this study, or about your rights as a study participant, you may contact the Principal Investigator, Dr. Kiran Bhutani, [bhutani@cua.edu](mailto:bhutani@cua.edu).

**RESEARCH SUBJECT RIGHTS:** I have read or have had read to me all of the above.

Subject's Initials \_\_\_\_\_ Date \_\_\_\_\_



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\_\_\_\_\_ has explained the study to me and answered all my questions. I have been told of the risks or discomforts and possible benefits of the study.

*I understand that I do not have to take part in this study, and my refusal to participate will involve no penalty or loss of rights to which I am entitled. I may withdraw from this study at any time without penalty or loss of benefits to which I am entitled.*

*I understand that any information obtained as a result of my participation in this research study will be kept as confidential to the extent allowed by law.*

The results of this study may be published, but my records will not be revealed unless required by law.

**NOTE:**

If I have any questions about the conduct of this study or my rights as a subject in this study, I have been told I can call **The Catholic University of America, Office of Sponsored Programs 202-319-5218**

I understand my rights as a research subject, and I voluntarily consent to participate in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

\_\_\_\_\_  
*Signature of Subject* *Date*

\_\_\_\_\_  
*Signature of Subject's Representative\** *Date*

\_\_\_\_\_  
*Signature of Witness* *Date*

\_\_\_\_\_  
*Signature of person obtaining consent\*\** *Date*

\_\_\_\_\_  
*Subject's Representative (Print)*

\_\_\_\_\_  
*Witness (Print)*

\_\_\_\_\_  
*Signature of Principal Investigator*

\*Only required if subject is not competent.  
\*\*Only required if not investigator.

Subject's Initials \_\_\_\_\_ Date \_\_\_\_\_