



**RESEARCH CONSENT FORM FOR STUDENTS UNDER 18 YEARS OF AGE
(FOCUS GROUPS)
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.
- Your child will be asked to participate in a focus group about a mathematics course.
- Your child will be asked to share ideas about help-seeking behaviors and your child's thoughts about the effectiveness of help-seeking sources including things like the help button, TA support, and the instructor. Your child also will be asked some background information about himself or herself.
- Participation is entirely voluntary.
- Focus groups can be video- and audio-recorded.
- 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 your child to participate in a research study conducted in the Departments of Mathematics and Education at the Catholic University of America (CUA). Before you decide if your child can participate, we want you to know why we are performing the study and what your child 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 that your child is able to participate. It is important to know that taking part in this research study is entirely voluntary; your child does not have to participate. You also may change your mind and your child may 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, your child will learn more about his or her own beliefs and practices regarding help-seeking behavior. By building this foundation, your child will be able to apply more effective strategies in his or her own classes.

DESCRIPTION OF THE PROCEDURES

At the end of a mathematics course, your child will be invited to participate in a focus group to share ideas about the ways that your child seeks help, your child's attitude about asking for help, sources of support that your child uses regularly, and how confident your child feels about his or her ability in mathematics. Your child will not use his or her real name; instead, your child will be assigned a pseudonym. The moderator of the focus

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group will ask your child how he or she felt about the types of help that he or she received during an online mathematics course.

If you agree that your child is able to participate, your child will be asked to participate in a focus group that lasts about 60 minutes. Focus groups will be video- and audio-recorded. Students participating remotely may turn their cameras off. Information collected throughout the study, as well as your child’s participation, will be kept confidential. Your child is welcome to skip any of the questions if your child does not feel comfortable answering them. As previously stated, all of these tasks are completely voluntary. If you decide you no longer wish for your child to participate in the research at any time, your child can stop without penalty.

DISCOMFORTS AND RISKS

There are no known risks associated with any of the procedures in the study. Your child is free to skip any questions that makes your child feel uncomfortable or stop participation in the study at any time.

CONFIDENTIALITY

We will keep all study records as confidential to the extent that the law allows. This means that we will not tell anyone your child is in the study. Your child will be given a pseudonym and a subject identification number so that your child’s comments will be linked with this confidential number and not his or her name. However, by participating in the focus group, your child is not anonymous, and your child’s comments are not completely confidential because other participants will be in the group when your child shares information. Your child’s signed informed consent form will be kept separate from all data your child has provided. Data in the research will only be referred to by a pseudonym. 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 in the focus groups 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 or your child for participating in this research. Participation in this study is strictly voluntary. Your child will receive a \$25 gift card for participating in the focus group.

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 child’s rights as a study participant, you may contact the Principal Investigator, Dr. Kiran Bhutani, bhutani@cua.edu.

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

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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 my child does not have to take part in this study, and my child's refusal to participate will involve no penalty or loss of rights to which I am entitled. I may withdraw my child 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 child's 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 child's 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 child's rights as a research subject, and I voluntarily consent to allow my child 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.

Name of Student

Signature of Student *Date*

Signature of Parent *Date*

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

Subject's Representative (Print)

Signature of Witness *Date*

Witness (Print)

*Signature of person obtaining consent*** *Date*

Signature of Principal Investigator

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

****Only required if not investigator.**

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