



**RESEARCH CONSENT FORM FOR STUDENTS 18 YEARS OF AGE AND OVER
(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.
- You will be asked to participate in a focus group about your mathematics course.
- You will be asked to share your ideas about help-seeking behaviors and your thoughts about the effectiveness of help-seeking sources including things like the help button, TA support, and the instructor. You also will be asked some background information about yourself.
- The focus group will be video- and audio-recorded.
- 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

At the end of your mathematics course, you will be invited to participate in a focus group to share your ideas about the 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. You will not use your real name; instead, you will be assigned a pseudonym. The moderator of the focus group will ask you how you felt about the type of help that you received during your online mathematics course.

Subject's Initials _____ Date _____



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If you agree to participate, you will be asked to participate in a focus group that lasts about 60 minutes. The focus group will be video- and audio-recorded. Any participants attending the focus group virtually have the option to turn off their cameras. 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.

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. However, by participating in the focus group, you are not anonymous, and your comments are not completely confidential because other participants will be in the group when you share information. However, you will be given a subject identification number so that your comments will be linked with this confidential number and not your name. During the focus group, you will use a pseudonym and not your real name. Data in the research will only be referred to by a pseudonym. 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 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.

APPROVED
CUA IRB 00000082

EXPECTED BENEFITS

There are no expected benefits from participating in this study.

SEP 01 2023

Expiration Date:
Protocol 21-0052

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. You will receive a \$25 gift card for participating in the focus group.

FUTURE USE OF DATA STATEMENT

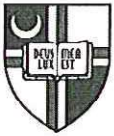
Data collected during this study will be used for academic and research purposes. Current and future affiliates of the E-SHARP research group may be given access to de-identified data for follow up studies and analysis.

CONTACTS

If you have any problems or questions about this study, or about your 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 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.**

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