

**UNIVERSITY OF WASHINGTON
CONSENT FORM
[TITLE OF ACTIVITY]
INFORMATICS 2008 CAPSTONE
THE INFORMATION SCHOOL**

Students: [List names, Informatics Majors, The Information School, contact phone number]

Faculty Capstone Advisor: [Please select one, based on TA assignment: Batya Friedman (206-616-6986) OR David Hendry (206-616-2316)]

Student's statement

We are asking you to be in a study for educational purposes. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the study, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the study or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. This process is called "informed consent." We will give you a copy of this form for your records.

PURPOSE OF THE STUDY

[Provide a brief background and describe the purpose of the activity in lay-language.]

STUDY PROCEDURES

[Describe the procedures involved. Use separate paragraphs to describe each procedure.

Include the commitment of time for each, the total amount of time involved, and how long the study will last.

Describe questionnaires, surveys, and interviews and describe or provide examples of the most personal and sensitive questions you will ask.

State that subjects may refuse to answer any question or item in any test, inventory, questionnaire, or interview.

Include any use of academic, or other records, photographs, audio, or visual recordings.]

RISKS, STRESS, OR DISCOMFORT

[Include information on the psycho-social and physical risks, including side effects, stress, discomforts, breach of confidentiality, or the invasion of privacy that might result from each procedure.

Do not state that there are no risks or that risks "should be" minimal.

If appropriate, state how side effects will be handled and whom the subject should contact in the event of study-related injury, illness, or distress.

If you will make recordings of subjects, and you will keep the recordings indefinitely, share them with others, or use them in presentations or publications, explain that subjects will be given an opportunity to review the recordings and delete any portions.]

BENEFITS OF THE STUDY

[Describe the expected benefits to individual subjects and/or society. State if subjects will not benefit from being in this study.]

OTHER INFORMATION

[State whether data will be confidential (linked to identifiers) or anonymous (no links). If the data will be retained with links to identifiers, state the date when the link will be broken. State who or what other agencies (sponsors, other clients, etc.) will have access to identifiable data. Describe any limits to confidentiality.

For all studies in which links between subjects' identities and the data will be kept, add:
"Government or university staff sometimes review studies such as this one to make sure they are being done safely and legally. If a review of this study takes place, your records may be examined. The reviewers will protect your privacy. The study records will not be used to put you at legal risk of harm."

State that subjects may refuse to participate or may withdraw from the study at any time without penalty or loss of benefits to which they are otherwise entitled.

Include a description of inducements (money, service, course credit) subjects may receive for participation.

Indicate what costs subjects may immediately or ultimately have to bear.]

Printed name of student obtaining consent	Signature	Date
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Subject's statement

This study has been explained to me. I volunteer to take part in this study. I have had a chance to ask questions. If I have questions later about the study, I can ask one of the students listed above. If I have questions about my rights as a study subject, I can call the: [Please select one, based on TA assignment: Batya Friedman (206-616-6986) OR David Hendry (206-616-2316)]. I will receive a copy of this consent form.

Printed name of subject	Signature of subject	Date
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Copies to: Student
 Subject
 Capstone Faculty Advisor