

Lancaster Independent School District
Office of Research and Evaluation
Form E – Teacher / Staff Consent



(The information in italics will need to be completed by the researcher.)

MAIN PROJECT CONTACT INFORMATION		Project ID:
First Name:	Last Name:	
Position:	Organization	

Project Title:

My signature below indicates that I have read the information provided and have decided to participate in the project listed above.

Describe the purpose/context of the study.

I agree to the conditions listed below with the understanding that I may withdraw my participation from the project at any time, and that I may choose not to answer any questions that I do not want to answer. I understand that my participation is completely voluntary.

- 1. Please describe what you will ask the teacher/staff member to do, and how much time you predict will be involved in participation, and the length of the study (how many times will data be collected).*
- 2. Please state here how the identity of participants will be protected and who will have access to the project data.*
- 3. Please describe here in what form or forms the data you collect will be reported or otherwise shared.*

**Lancaster Independent School District
Office of Research and Evaluation
Form E – Teacher / Staff Consent**



(The information in italics will need to be completed by the researcher.)

4. *Please state here any risks or inconveniences that participants might incur. If there are none, include a statement so indicating. If there are risks, indicate that the risks are and what precautions you will take to protect participants. Describe the benefits of participating in the study and the compensation, if any, to participants.*

5. My consent is optional and voluntary. My decision whether or not to participate will not prejudice my present or future relations with my organization (_____) and Lancaster Independent School District. If I decide to participate, I am free to discontinue participation at any time without prejudice. To the extent that my identity may be identified, if I withdraw from the project, my information will be removed from the project results.

6. If I participate in the project, I can get information about the project and copies of any surveys or tests given by contacting *the project contact*.
Name: _____

- Contact Information:* _____

7. I understand that I am obligated to comply with all confidentiality requirements, including but not limited to the Family Educational Rights and Privacy Act (FERPA). In the event that student data is required for me to participate in this project, I will verify that the appropriate parental consent forms have been obtained for all students whose information will be used.

8. I understand that, while this project has been reviewed by the Lancaster Independent School District, Lancaster ISD is not conducting the project activities.

You are making a decision whether or not to participate in this study. Your signature below indicates that you have read and understood the information provided above, have had an opportunity to ask questions, and agree to participate in this research study. If you later decide to withdraw your consent for participation in the study, you should contact the Project Director/Researcher. You may discontinue participation at any time. (The Teacher / Staff Member should keep a copy of this form for his/her records.)

Teacher/Staff Member Signature

Date: _____

Project Director / Researcher

Date: _____