Sample Consent Form
Minimal Risk Potential

I, _____, agree to participate in a study of individuals involved in the Sample Research Program that is being conducted by Dr. John Doe of Loyola University Maryland. The Sample Research Program is a six-week live in program designed to help severely physically disabled persons acquire adaptive skills. The purpose of this study is to evaluate the effectiveness of this program. The project directors hope to use the information obtained from this study to modify this program so that it will better serve physically disabled persons.

As a participant, I understand that my involvement in the Sample Research Program at Loyola will be coincident with my participation in this research project.

I understand that periodically (2-4 times), I will be expected to participate in a number of experimental tasks including the completion of forms, checklists, and questionnaires relating to my knowledge, attitudes, and behavior, and the occasional observation of my activities. These instruments may include behavioral logs or diaries, attitudinal surveys, activity checklists, and information quizzes. In addition, I have been told that I may be asked to participate further in this research several months after my involvement in the Sample Research Program has ended. If I am asked to continue participation, I will be told exactly what further participation will entail.

I have been informed that any information obtained in this study will be recorded with a code number that will allow Dr. John Doe to determine my identity. At the conclusion of this study the key that relates my name with my assigned code number will be destroyed. Under this condition, I agree that any information obtained from this research may be used in any way thought best for publication or education, provided that I am in no way identified and my name is not used.

I understand that there is <*insert the level of risk or discomfort here*> directly involved with this research and that I am free to withdraw my consent and discontinue participation in this study at any time. A decision to withdraw from the study will not affect the services available to me from Loyola or my participation in the Sample Research Program.

If I have any questions or problems that arise in connection with my participation in this study, I should contact Dr. John Doe, the project director at (012) 345-6789 (work) or (987) 654-3210 (cell). <*If you are a student, insert the contact information for your faculty sponsor and, if applicable, contact information for Loyola's Counseling Center.*>

Date _____ Signature of Participant _____

Date _____ Signature of Investigator _____

Date _____ Witness* _____

THIS PROJECT HAS BEEN REVIEWED AND APPROVED BY THE LOYOLA UNIVERSITY MARYLAND INSTITUTIONAL REVIEW BOARD (PHONE: 410-617-2561).

* If the investigator does not witness participant's signature, the person administering informed consent should indicate name and sign.