

# Research Study Consent Form For Classroom Observers



**Study Title:** The Impact of the iPad2 on Education in the North Fond du Lac School District  
**IRB Approval File Code:** L111211019Q

## Researchers:

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You are being asked to take part in a research study carried out by Assistant Professors Jenna Linskens and Malia Hoffmann. This form explains the research study and your part in it if you decide to join the study. Please read the form carefully, taking as much time as you need. Ask the researcher to explain anything you don't understand. You can decide not to join the study. If you join the study, you can change your mind later or quit at any time. There will be no penalty or loss of services or benefits if you decide to not take part in the study or quit later. This study has been approved for human subject participation by the Marian University Institutional Review Board.

## What is this study about?

This research study is being done to evaluate the impact the iPad2 has on student learning, engagement and motivation in the classroom. It also will evaluate the impact the iPad2 has on teacher efficiency, and effectiveness of teacher lesson planning and implementation in the classroom.

You are being asked to be part of this study if you are a community member of the School District of North Fond du Lac.

Taking part in the study will take about four months from beginning to end.

## What will I be asked to do if I am in this study?

If you take part in the study, you will be asked to complete a brief survey after observing one of the selected classrooms participating in the study. The survey will ask you to evaluate the impact of iPads, or the lack of iPads, in the classroom.

This survey should take no more than 10-15 minutes of your time.

## Are there any benefits to me if I am in this study?

There is no direct benefit to you from being in this study. However, by participating in the study, the information you provide will help inform the school board, administration and teachers of North Fond du Lac to determine the best course of action for the students and staff related to future technology implementation. Results from the study will help determine if the NFDL school district should pursue

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funding for additional iPads for staff and students to use with more grades / classrooms. The information gathered in this study may also help other school districts in Wisconsin and elsewhere in determining the implementation of iPads in education.

## **Are there any risks to me if I am in this study?**

The potential risks from taking part in this study include the loss of time or inconvenience. To minimize this risk, surveys should take no more than 10-15 minutes of your time.

Another potential risk is emotional discomfort or distress. To minimize this risk, you are allowed to skip any questions or discontinue the survey at any time.

Lastly, the breach of confidentiality is another possible risk. To minimize this risk the survey will ask basic identifying information. A secured box will be provided in the school office for you to place your completed survey. No one except you and the Researchers will know how you answered the surveys.

## **Will my information be kept private?**

The survey data for this study will only ask for your initials and birth year. Completed surveys can be placed in the secured box in the school office. Only the researchers will be able to view your responses. Other members, including the Marian University IRB and the administration from North Fond du Lac and the North Fond du Lac School Board may request data. No published results will identify you, and your name will not be associated with the findings. Under certain circumstances, information that identifies you may be released for internal and external reviews of this project.

The results of this study may be published or presented at professional meetings, but the identities of all research participants will remain anonymous.

The data for this study will be kept for three years, or until June 1, 2015. All data will be kept in a locked cabinet or on a secured computer. After June 1, 2015 all data will be destroyed.

## **Are there any costs or payments for being in this study?**

There will be no costs to you for taking part in this study.

You will not receive money or any other form of compensation for taking part in this study.

## **Who can I talk to if I have questions?**

If you have questions about this study or the information in this form, please contact the researchers Jenna Linskens ([jalinskens67@marianuniversity.edu](mailto:jalinskens67@marianuniversity.edu) or cell (920) 540-7629) or Malia Hoffmann ([mmhoffmann74@marianuniversity.edu](mailto:mmhoffmann74@marianuniversity.edu) or cell (920) 246-7192). If you have questions about your rights as a research participant, or would like to report a concern or complaint about this study, please contact the

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Marian University IRB Administrator at (920) 923-8796, or e-mail [orsp@marianuniversity.edu](mailto:orsp@marianuniversity.edu), or regular mail at Marian University, ORSP, 45 S. National Avenue, Fond du Lac, WI 54935.

## **What are my rights as a research study volunteer?**

Your participation in this research study is completely voluntary. You may choose not to be a part of this study. There will be no penalty to you if you choose not to take part. You may choose not to answer specific questions or to stop participating at any time.

## **What does my signature on this consent form mean?**

Your signature on this form means that:

- You understand the information given to you in this form
- You have been able to ask the researcher questions and state any concerns
- The researcher has responded to your questions and concerns
- You believe you understand the research study and the potential benefits and risks that are involved.

If you choose to participate in this study, please sign the attached form and return to the North Fond du Lac administration office no later than Monday, November 14, 2011. You may keep this page for your records.

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**Please return the signed Consent form to your Child's Teacher no later than December 9, 2011**

## Statement of Consent

I give my voluntary consent to take part in this study. I will be given a copy of this consent document for my records.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

## Statement of Person Obtaining Informed Consent

I have carefully explained to the person taking part in the study what he or she can expect.

I certify that when this person signs this form, to the best of my knowledge, he or she understands the purpose, procedures, potential benefits, and potential risks of participation.

I also certify that he or she:

- Speaks the language used to explain this research
- Reads well enough to understand this form or, if not, this person is able to hear and understand when the form is read to him or her
- Does not have any problems that could make it hard to understand what it means to take part in this research.

\_\_\_\_\_  
Signature of Person(s) Obtaining Consent

December 1, 2011

Date

Jenna Linskens and Malia Hoffmann

Co-Researchers

Printed Name of Person(s) Obtaining Consent

Role in the Research Study