

Disruptions in the Classroom

Informed Consent Form

Woodring College of Education

Western Washington University

You are invited to participate in a study conducted by Woodring College of Education and Western Washington University. We hope to learn about disruptions in the classroom. You were selected as a possible participant in this study because of your enrollment in one of the classes that will be studied.

If you decide to participate, you will be asked to view videotapes at the end of the course noting times in which you were disrupted and what that disruption was. This may take 1-2 hours of your time at the culmination of the course. Any data you provide will be confidential and will not determine or help with your grade in the course. We cannot guarantee, however that you will receive any benefits from this study.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. If you give us your permission by signing this document, we plan to disclose video and answers to Transformative Dialogues, once the study is in published form.

Your decision whether or not to participate will not prejudice your future relations with Woodring College of Education or Western Washington University, If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty. The Committee on the Protection of Human Subjects at Western Washington University has reviewed and approved the present research.

If you have any questions, please ask us. If you have any additional questions later, I will be happy to answer them. Questions regarding the rights of research subjects may be directed to Jane Doe, Chair, Committee on the Protection of Human Subjects, (360) 650-4468.

You will be given a copy of this form to keep.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

Date

Signature

Relationship to Subject

(This line should not appear on forms that will be given to subjects consenting for themselves)

Signature of Witness (if any)

Signature of Investigator