

Participant Consent Form

Educational Psychology: Case Study
Leeward Community College

Dear Participant,

I write to ask you for your permission for you to participate in a class project for my Educational Psychology course at Leeward Community College. The purpose of this project is to examine how to best support your development and learning with effective teaching strategies. Specifically, in the first part of the project, I will be asking you questions or have you participate in simple activities that will help me better understand your brain, language, cognitive (thinking), social, and moral development. Then in the second part of the project, I will be using a variety of teaching strategies to help you learn or do a task appropriate for your age, developmental level, and interest. Both phases may involve video or audio recordings or taking pictures as you engage in those various interviews or activities.

Your participation is voluntary. You may choose to stop participating at any time without prejudice or penalty. All responses from interviews, video-recordings, and picture-taking will only be used for educational purposes, and you have the right to decide which information you would like to share or which information you would not like to share. You may also choose to keep your identity secret and a fake name will be used and any identifying information will be changed.

There is a direct benefit to your participation in the project. The information gathered in this project will help Leeward Community College students, including myself, become more effective teachers by exploring teaching strategies that will help you develop and learn better.

I have read and understand the information above. My questions about project procedures and other matters have been answered to my satisfaction. I know that I can withdraw my participation at any time without consequence.

I agree to participate in this project. I understand that by agreeing to participate with (name of Educational Psychology student) _____, I have not given up any legal rights and that the Educational Psychology students and the institutions they represent are still responsible for upholding all laws that apply.

Print Name of Participant: _____ *Age:* _____

Signature of Participant: _____ *Date:* _____

Relationship to ED Psych Student _____

(If you do not receive satisfactory answers to your questions or have comments or complaints about your treatment in this project, contact the Educational Psychology Instructor, Jeff Judd, @ Leeward Community College through Email: jjudd@hawaii.edu or Phone: (808) 455-0434