**Institutional Review Board**

**Notification of Classroom Research Study**

Your child will be participating in a research study about <name of project>. This study is being conducted by <name of researcher> under the supervision of <name of research supervisor>. The study will be used to fulfill a requirement for completion of a degree in <name of program> at Saint Mary’s University of Minnesota. The purpose of this study is to < briefly state purpose of the study>. This study involves the use of standard instructional procedures in a classroom setting.

Students were selected for this study because they are enrolled in <name of class> at <name of school>. You are being informed about this study because your child is a student in this class. All students will participate in the instruction that will include the following: <describe the special instruction being given>.

Participation in this study may help increase the effectiveness of classroom instruction. The potential benefit of this study is the increased achievement for your child and to future students. There are no risks associated with participation in the study beyond those associated with normal classroom activities.

The following data will be collected: <list or describe the data being collected>. The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a participant. Research records will be stored securely and only researchers will have access to the records. The original data will be destroyed five years after the study is completed. Data and results of this study will be shared via a written report to <list who will see the report>.

Review this notification carefully. If you have questions about this study please contact the researcher, <list name, email, and/or phone> or the faculty advisor <list name, email, and/or phone>. For any questions or concerns about the study in terms of the protection of human subjects involved in research, please contact the Institutional Review Board of Saint Mary’s University of Minnesota at irb@smumn.edu.

Thanks to you and your child for helping to improve the quality of instruction in your school. If you do not want your child’s data to be used in this study, please contact the researcher as soon as possible.

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| Primary Contact Information | Institutional Contact  |
| Name of PI/Researcher: insert your nameInvestigator Department: insert your departmentPhone Number: insert your phone numberEmail Address: insert your emailResearch Advisor: insert your advisor | Saint Mary’s University of MinnesotaInstitutional Review BoardDr. Jack McClure, IRB Chairirb@smumn.edu |

Name of the Principal Investigator (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_