

LAWRENCE UNIVERSITY
Non-Tutorial Student Consent Form
Tutorial Assessment Study

Name of Participant

_____ (please print)

Purpose of Study

I have been randomly selected to participate in a study of assessment of learning outcomes in tutorials and other courses. The purpose of this study is to develop and test a method for the formative and summative assessment of tutorial education. In addition, the assessment tool is being used in non-tutorial courses to determine whether students in those courses achieve the same learning outcomes found in tutorial courses.

Participants

The participants of the study are instructors offering tutorials and other courses and their students.

Procedures

If I agree to participate, the instructor will complete a series of rating scales three times (baseline, midpoint, and final) during the course to assess whether I am achieving the learning outcomes being examined in this study.

Risks

I understand that this research project has been approved by the Lawrence University's Institutional Review Board and that the anticipated risks associated with my participation in this study will be in the same range of possibilities and risks normally encountered in a course. There will not be any consequences if I refuse to participate or withdraw from the study at any time. I may withdraw by informing my instructor and any information that has been collected will be destroyed. The results of the ratings will not have any effect on my grade in this course.

Benefits

I understand that the study may contribute to knowledge about effective techniques and approaches to assess learning outcomes in tutorials and other courses.

Costs/compensation

I understand there are no costs to me as a result of my participation in this study and I will not be compensated for my participation.

Confidentiality

I understand that my research records will be stored in a locked file cabinet in a secure office. I understand that any information derived from this research project that personally identifies me will not be released. I understand my instructor will assign an anonymous code in place of my name to any ratings made to further ensure confidentiality.

By my signature, I am affirming that I am at least 18 years old and that I consent to participate in this study.

Signature of
Participant _____ Date _____