

LAWRENCE UNIVERSITY
Student Consent Form
Tutorial Assessment Study

Name of Participant

_____ (please print)

Purpose of Study

I have been asked to participate in a study of assessment of learning outcomes in tutorials. The purpose of this study is to develop and test a method for the formative and summative assessment of tutorial education.

Participants

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

Procedures

If I agree to participate, the following will occur:

- 1) The class discussion, of which I am a participant, will be recorded using an audio recorder. The recording will be transcribed by a third party not associated with the study.
- 2) My name will not be identified on the transcript.
- 3) I understand the transcript will be analyzed to determine patterns of participation and quality of the discussion.

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 tutorial. 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.

Benefits

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

Costs/compensation

I understand there are no costs to me as a result of my participation in this study. I will 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.

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 _____

Social Security No. _____

Address _____
