Sample Consent Form
Minimal Risk Potential

I, _________________________, agree to participate in a study of individuals involved in the New Optional Transitional Living Program, which is being conducted by Dr. _______________________. New Options is a six-week live-in program designed to help severely physically disabled persons acquire adaptive skills. The purpose of this study is to evaluate the effectiveness of this program. The project directors hope to use the information obtained from this study to modify this program so that it will better serve physically disabled persons.

As a participant, I understand that my involvement in the Transitional Living Program at Loyola will be coincident with my participation in this research project. I understand that periodically (2-4 times), I will be expected to participate in a number of experimental tasks including the completion of forms, checklists, and questionnaires relating to my knowledge, attitudes, and behavior, and the occasional observation of my activities. These instruments may include behavioral logs or diaries, attitudinal surveys, activity checklists, and informational quizzes. In addition, I have been told that I may be asked to participate further in this research several months after my involvement in the Transitional Living Program is ended. If I am asked to continue participation, I will be told exactly what further participation will entail. I have been informed that any information obtained in this study will be recorded with a code number that will allow Dr. ______________ to determine my identity. At the conclusion of this study the key that relates my name with my assigned code number will be destroyed. Under this condition, I agree that any information obtained from this research may be used in any way thought best for publication or education, provided that I am in no way identified and my name is not used.

I understand that there is no personal risk or discomfort directly involved with this research and that I am free to withdraw my consent and discontinue participation in this study at any time. A decision to withdraw from the study will not affect the services available to me from Loyola or my participation in the New Options Transitional Living Program. If I have any questions or problems that arise in connection with my participation in this study, I should contact Dr. ______________, the project director at 617-______(work) or ______________ (home).

Date __________________________________ Signature of Participant__________________

Date __________________________________ Signature of Investigator__________________

Date __________________________________ Witness* ______________________________

THIS PROJECT HAS BEEN REVIEWED BY THE LOYOLA COLLEGE HUMAN SUBJECTS REVIEW COMMITTEE (PHONE: 617-2561).

* If investigator does not witness participant’s signature, the person administering informed consent should indicate name and sign.