

Northern Michigan University

School of Education, Leadership, and Public Service PROJECT TITLE*:* Perceptions of Standardized Testing IRB Approval Number: HS17-918

Please read this consent document carefully before you decide to participate in this study. Purpose of the research study:

The purpose of this study is to learn what teachers think about standardized testing. What you will be asked to do in the study:

You will be asked an interview series of questions about your thoughts on standardized testing. Time required:

Approximately 30 minutes Risks and Benefits:

The risks of the study are minimal; however, there is a chance you could suffer professional consequences if your colleagues or supervisors became aware of your responses and objected to what you said. All reasonable efforts will be made to keep your responses confidential.

The potential benefits of the study include providing you with a safe, non-judgmental outlet for you to express your honest views. Moreover, what we learn from this research could be used to make policy changes.

Incentive or Compensation:

There is no other incentive for participating; therefore, you will not be adversely affected in any way if you choose not to participate.

Confidentiality:

Your identity will be kept confidential to the extent provided by law. Your information will be de-identified by an assigned code number. Your name will not be used in any report or publication.

Voluntary participation:

Your participation in this study is completely voluntary. You have the right to withdraw from the study at any time without consequence or penalty.

Whom to contact if you have questions about the study:

If you have any further questions regarding your rights as a participant in a research project you may contact Dr. Lisa Schade Eckert of the Human Subjects Research Review Committee of Northern Michigan University (906-227-2300) leckert@nmu.edu. Any questions you have regarding the nature of this research project will be answered by the principal researcher who can be contacted as follows: Dr. XXX (906-227-XXXX) XXXX@nmu.edu.

Agreement:

If you wish to participate in this study, please sign the form below. A signature will indicate agreement to participate.

Participant’s Name: (Print)

Signature (Date)

I understand that I will be [*audio or video recorded digitally*] by the researcher(s). These files will be kept by the researcher(s) on a password-protected computer. I understand that only the researcher(s) will have access to these files.

# Video recording of study activities

Interviews may be video recorded to assist with the accuracy of your responses. You have the right to refuse the recording. Please select one of the following options:

I consent to video recording: Yes No

# Audio Recording of Study Activities

Interviews may be using audio recorded to assist with the accuracy of your responses. You have the right to refuse the audio recording. Please select one of the following options:

I consent to audio recording: Yes No

# Photographing of study activities / participants

Photographs of participants may be taken to preserve an image related to the research. You have the right to refuse to allow photographs to be taken. Please select one of the following options:

I consent to photographs: Yes No