

Informed Consent Online Survey

You are being asked to participate in an online survey for a research project being carried out by _____, assistant professor, at National Louis University. The study is called **“Place Research/Study Title Here”**, and is occurring from **MM-YYYY to MM-YYYY**. The purpose of this study is to understand how new (first year) induction mentors working with first and second year teachers in high need schools develop a mentoring practice. This study will help researchers develop a deeper understanding of coaching that can guide ongoing professional development and contribute to the body of coaching literature. This information outlines the purpose of the study and provides a description of your involvement and rights as a participant.

Please understand that the purpose of the study is to explore the process and impact of induction coaching and *not* to evaluate coaching or teaching. Participation in this study will include:

Completion of the following online survey, expected to take approximately 30 minutes to complete.

Your participation is voluntary and can be discontinued at any time without penalty or bias. The results of this study may be published or otherwise reported at conferences, and employed to inform coaching practices at XXX but participants’ identities will in no way be revealed (data will be reported anonymously and bear no identifiers that could connect data to individual participants). To ensure confidentiality the researcher(s) the data file of compiled results will be kept in a password protected folder on an internal university workspace. Only XXXX will have access to data.

There are no anticipated risks or benefits, no greater than that encountered in daily life. Further, the information gained from this study could be useful to the XXXXX and other schools and school districts looking to initiate or refine induction coaching.

Upon request you may receive summary results from this study and copies of any publications that may occur. Please email the researcher, XXXX at XXXX to request results from this study.

In the even that you have questions or require additional information, please contact the researcher, XXXXXX, email, phone.

If you have any concerns or questions before or during participation that has not been addressed by the researcher, you may contact [[graduate students insert chair’s information here](#)], the IRB Chairs of NLU’s Institutional Research Board: Dr. Shaunti Knauth; email: Shaunti.Knauth@nl.edu; phone: (312) 261-3526; or Dr. Carla L. Sparks; email: CSparks3@nl.edu; phone: (813) 928-6889. IRB Chairs are located at National Louis University, 122 South Michigan Avenue, Chicago, IL.

Thank you for your consideration.

Consent: I understand that by checking ‘Yes’ below, I am agreeing to participate in the study (*STUDY NAME*). My participation will consist of the activities below during *XX time period*: Completion of an online survey taking approximately 30 minutes to complete.

ELECTRONIC CONSENT: Please select your choice below. You may print a copy of this consent form for your records. Clicking on the “Agree” button indicates that

- You have read the above information
- You voluntarily agree to participate
- You are 18 years of age or older

☐ Agree

☐ Disagree