

Title: PDS and Inclusive Education
PI: Brent C. Elder



College of Education
Interdisciplinary and Inclusive Education

CONSENT TO TAKE PART IN A RESEARCH STUDY

TITLE OF STUDY: *Using Professional Development Schools (PDS) to Improve Inclusive and Special Education Services in Elementary Schools*

Principal Investigator: Dr. Brent C. Elder

This consent form is part of an informed consent process for a research study and it will provide information that will help you to decide whether you wish to volunteer for this research study. It will help you to understand what the study is about and what will happen in the course of the study.

If you have questions at any time during the research study, you should feel free to ask them and should expect to be given answers that you completely understand.

After all of your questions have been answered, if you still wish to take part in the study, you will be asked to sign this informed consent form.

Dr. Brent C. Elder or another member of the study team will also be asked to sign this informed consent. You will be given a copy of the signed consent form to keep.

You are not giving up any of your legal rights by volunteering for this research study or by signing this consent form.

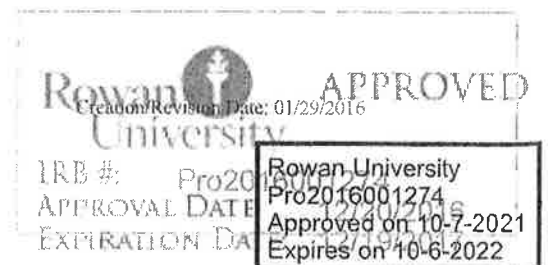
A. Why is this study being done?

In this study, I am trying to learn more about your thoughts and experiences related to students with disabilities and special education at school and your community. I want to gather your thoughts and experiences to improve the special and inclusive education services at Bowe Elementary.

B. Why have you been asked to take part in this study?

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You have been selected by members of the Bowe Elementary Professional Development Schools (PDS) Steering Committee to participate in a research study about disability, and special and inclusive education. You have been selected because of your experience and interest in disability, and special and inclusive education.

C. Who may take part in this study? And who may not?

Participants in the study may include teachers and administrators at Bowe Elementary, parents of children with and without disabilities, students with and without disabilities, and community members with and without disabilities.

D. How many subjects will be enrolled in the study?

There will be approximately 20 participants in this study.

E. How long will my participation in this study take?

The project will last three grading periods. Three grading periods is roughly 10 months. As a participant, you will be asked to attend a series of inclusion committee meetings. These meetings should last about an hour. You may be asked to answer questions about your experiences and thoughts related to special and inclusive education. Interviews at the end of each grading period last about 30 minutes, and maybe up to an hour.

F. Where will the study take place?

You will be asked to come to Bowe Elementary, located at 7 Ruth Mancuso Ln, Glassboro, NJ 08028. Inclusion committee meetings will occur approximately twice a month after school with interviews happening at the end of each grading period (approximately every three months).

G. What will you be asked to do if you take part in this research study?

As a participant, you will be asked to attend a series of inclusion committee meetings (and teacher observations if you are a teacher participant) that will be conducted by the researcher at Bowe Elementary (and your classroom if you are a teacher participant). These meetings should last about an hour. At the beginning and end of the project, you will be asked to complete a brief training questionnaire, participate in periodic interviews, and allow the researcher to observe you teaching in your classroom (if you are a teacher participant). These activities should not take longer than 1 hour of your time each. You may be asked to answer questions about your experiences and thoughts related to special and inclusive education. Interviews last about 30 minutes, and maybe up to an hour. Interviews will take place in a private place at Bowe Elementary. If it is ok with you, we may do more than one interview, but that is up to you.

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H. What are the risks and/or discomforts you might experience if you take part in this study?

There are some things about this study you should know. You may feel uncomfortable or nervous if you talk about disabilities in schools and your community. Like if you discuss a time where you or someone you know got bullied at school because of your/their disability. Teacher participants may feel anxiety when I observe them in their classrooms. Parent and community member participants may experience anxiety related to economic hardship related to transportation costs. However, if you feel uncomfortable, you do not have to talk about those things, and we can stop the interview at any time. If you experience psychological discomfort, you are encouraged to seek support from the Institutional Review Board (IRB) office at Rowan University (contact information is listed below). If you decide you no longer wish to continue, you have the right to withdraw from the study at any time, without penalty.

I. Are there any benefits for you if you choose to take part in this research study?

The benefits of taking part in this study may be:

We think some benefits might be helping students with disabilities do better in school. Your stories might also help teachers know how to better teach students with disabilities in elementary schools. Teacher participants may benefit from participation by increasing their ability to implement inclusive teaching strategies that can better meet the needs of their students. Participants may also develop an expanding awareness about disability as human diversity. Upon completion and receipt of questionnaires and project activities you may receive a copy of a text on disability or other similar educational resources to support your understanding of disability. However, it is possible that you might receive no direct personal benefit from taking part in this study.

J. What are your alternatives if you don't want to take part in this study?

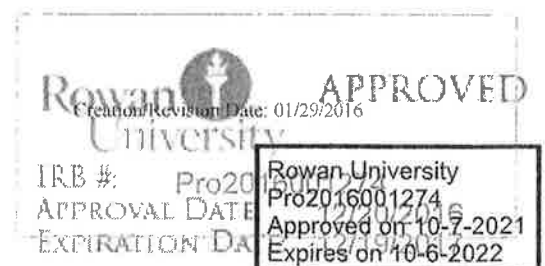
There are no alternative treatments available. Your alternative is not to take part in this study.

K. How will you know if new information is learned that may affect whether you are willing to stay in this research study?

During the course of the study, you will be updated about any new information that may affect whether you are willing to continue taking part in the study. If new information is learned that may affect you, you will be contacted.

L. Will there be any cost to you to take part in this study?

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You may incur transportation costs associated with your travel to Bowe Elementary.

M. Will you be paid to take part in this study?

You will not be paid for your participation in this research study. However, if and when grant funds become available, in order show appreciation for participants' time attending meetings, some funds will be used to provide refreshments. Similarly, some funds may be used to purchase school supplies and gift cards to periodically pass out at meetings.

N. How will information about you be kept private or confidential?

All efforts will be made to keep your personal information in your research record confidential, but total confidentiality cannot be guaranteed. Your personal information may be given out, if required by law. Presentations and publications to the public and at scientific conferences and meetings will not use your name and other personal information. I plan on recording participant interviews. This is so I can remember what participants tell me when I write about it. I will keep the recordings along with other project data in a locked computer and only I will have the password. After I am finished with this project, I will erase the files. When I am finished with this study I will write a report about what was learned. This report will not include participant names or that they were in the study. All information will be kept confidential.

O. What will happen if you are injured during this study?

If you are injured in this study and need treatment, contact *the front office at Bowe Elementary* and seek treatment.

We will offer the care needed to treat injuries directly resulting from taking part in this study. Rowan University may bill your insurance company or other third parties, if appropriate, for the costs of the care you get for the injury. However, you may be responsible for some of those costs. Rowan University does not plan to pay you or provide compensation for the injury. You do not give up your legal rights by signing this form.

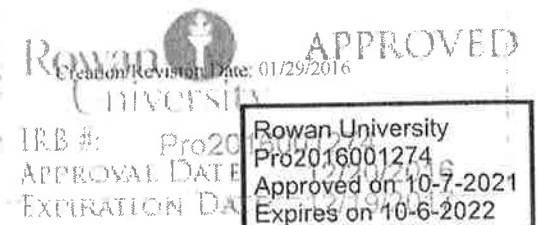
If at any time during your participation and conduct in the study you have been or are injured, you should communicate those injuries to the research staff present at the time of injury and to the Principal Investigator, whose name and contact information is on this consent form.

P. What will happen if you do not wish to take part in the study or if you later decide not to stay in the study?

Participation in this study is voluntary. You may choose not to participate or you may change your mind at any time.

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If you do not want to enter the study or decide to stop participating, your relationship with the study staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise entitled.

You may also withdraw your consent for the use of data already collected about you, but you must do this in writing to:

Brent Elder
Rowan University College of Education
James Hall
Glassboro, NJ 08028

If you decide to withdraw from the study for any reason, you may be asked to participate in one meeting with the Principal Investigator.

Q. Who can you call if you have any questions?

If you have any questions about taking part in this study or if you feel you may have suffered a research related injury, you can call the Principal Investigator:

Brent Elder
Interdisciplinary and Inclusive Education Department
856-256-4500 ext. 3852

If you have any questions about your rights as a research subject, you can call:

Office of Research Compliance
(856) 256-4078– Glassboro/CMSRU

What are your rights if you decide to take part in this research study?

You have the right to ask questions about any part of the study at any time. You should not sign this form unless you have had a chance to ask questions and have been given answers to all of your questions.

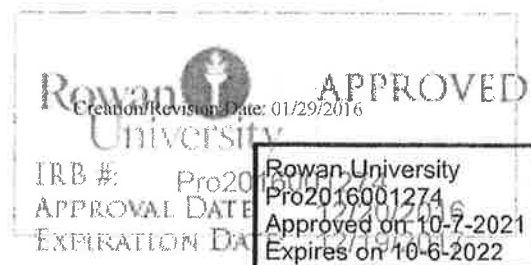
AGREEMENT TO PARTICIPATE

I have read this entire form, or it has been read to me, and I believe that I understand what has been discussed. All of my questions about this form or this study have been answered.

Subject Name: Catherine Terbik

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Subject Signature: Colburn R Talik Date: 3/4/22

Signature of Investigator/Individual Obtaining Consent:

To the best of my ability, I have explained and discussed the full contents of the study including all of the information contained in this consent form. All questions of the research subject and those of his/her parent or legal guardian have been accurately answered.

Investigator/Person Obtaining Consent: Brent Elder

Signature: Brent Elder Date: _____

Rowan University  APPROVED
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