

INFORMED CONSENT FORM

Study Title: Interactions between teachers and students with (autism) ASD during socialization periods

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INTRODUCTION

I invite you to participate in a research study. I am a doctoral learner at Capella University in the School of **Socio Behavioral Sciences**. I am conducting this research to complete my degree. I will write a paper about the research findings. This form will help you decide if you want to participate in my research. Participation in this research is voluntary. **Potential participants have private time to review this consent form, and then return this form to the researcher.**

If you have questions about the research, please ask me. Please let me know if you would like more time to think about your participation. You may also want to discuss your participation with people close to you.

WHAT IS THIS STUDY ABOUT?

I want to learn about the lived experiences of teachers educating young children with autism (ASD) in first through grades during socialization periods.

WHY WOULD YOU WANT TO PARTICIPATE?

You might want to participate because teachers need support with viable teaching practices working with students with ASD during socialization periods.

WILL PARTICIPATION HELP YOU OR OTHERS?

Participation in this study will directly help you. Information from this study will help researchers or teachers in the future with supportive professional development content about teaching young children with ASD during socialization periods.

WHY WOULD YOU NOT WANT TO PARTICIPATE?

You might not want to participate because you don't have any students in your classroom with ASD.

ARE THERE RISKS TO YOU IF YOU PARTICIPATE?

This is a minimal risk study. Any discomfort should not be greater than discomfort you experience in daily life or in routine tests. You can stop participation at any time.

ARE YOU ELIGIBLE FOR THE STUDY?

You can participate in the study if you:

- The inclusion criterion for teacher participants will have moderate-high disabilities level teaching certification and teaching license in the state of California within the last 5 years.

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Approved by Capella University's IRB

Date of approval: June 29, 2023

Approval expires on June 28, 2024

Teacher- participants will have 1-3 years of experience working with either AUT classrooms, special education classrooms, or a mixture of both experiences in first through third grades. Teachers will be between 25 to 45 years old will be included in the inclusion criterion.

Exclusion criteria include special teachers with less than one year of teaching experience and teachers without certification or in the process of receiving licensure. In addition, special education teachers having more than five years of teaching experience or those that have been regular education teachers are excluded. Finally, teachers outside LAUSD, in private schools or teaching character schools, will also be excluded. An exclusion criterion could be to exclude teachers who I know personally.

About **8-10** participants will be in this study.

WHAT WILL HAPPEN DURING THIS STUDY?

If you participate, you will complete the following activities:

- Answer research questions in a Zoom interview:** This will take **30-45** minutes.
- Review answers previously given or review data from teacher journal:** This will take **30-45** minutes.

WHAT KINDS OF PERSONAL DATA WILL I COLLECT FROM YOU?

Age, sex, gender, ethnicity, and race
Education level, years working with students with ASD, work history
Teaching certification, teaching licensure

ARE THERE OTHER PROCEDURES THAT MIGHT HELP YOU?

There are no alternative procedures relevant to the study.

HOW LONG WILL YOU BE IN THE STUDY?

If you decide to be in this study, your total participation will last approximately **60-90 minutes total**.

WILL YOU GET PAID?

You will not be paid for your participation.

IS PARTICIPATION VOLUNTARY?

Your participation in this study is voluntary. You can say no or stop participation at any time. There will be no penalty to you. You will not lose benefits or services to which you are otherwise entitled. If you want to stop participation, please notify research immediately in-person, via e-mail or text/call.

ARE THERE ANY COSTS TO YOU IF YOU PARTICIPATE?

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There are no additional costs to you if you participate.

WHEN WILL I REMOVE YOU FROM THE STUDY?

I can remove you from the study if any of the following occur:

- I believe participation is causing you undue discomfort or stress.
- You are unable to complete activities as required.
- You no longer meet the inclusion criteria to participate.
- You request to be removed.

WILL YOU BE RECORDED?

I will audio record the **interview** . The recording will be used to assist with an accurate summary of findings. The recording will be kept for seven years and then destroyed. You cannot participate if you decline to be audio recorded.

The recording will be secured by **double locked lock box with secret code**. The recording may be heard by a transcriptionist. The transcriptionist will not maintain a copy of the recording once it has been transcribed.

HOW WILL I PROTECT YOUR PRIVACY AND CONFIDENTIALITY?

The information you provide for the research will be kept confidential by **double secure password on my computer and numerical identifies for participants**. Please note that the internet and computers are never fully secure. Use of Zoom will involve acceptance of risks involved with that service. Please see here for further information regarding privacy and security policies of this software: <https://zoom.us/docs/ent/privacy-and-security.html>

I will follow the privacy and confidentiality procedures outlined here to protect your data and responses. Note that Facebook has their own security policies that may not align with the Capella expectations included here. You can review the security policy for Facebook here: <https://www.facebook.com/privacy/policy>

Please note possible risks from electronic transfer of your information to school reviewers who live in different places with different data privacy laws.

In any written reports or publications, I will not use your name. If I collect information that uniquely describes you, I will write or present it in a way that eliminates others' ability to identify you.

I, my research supervisor, and my doctoral committee will have access to your study data. Additionally, Capella University's IRB, and the Research Compliance Committee (RCC) and its designees may review your research records.

All information you provide for the research will be securely maintained for seven years. If you leave the study early, I **will not** use the data I have collected from you.

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When the study is over, information that identifies you will be separated from your other data. This information will be stored in a separate place. No data collected in this study will be given to another researcher for use in future research.

Audio recordings will remain intact for seven years. Recordings can identify you to people who know you. I will follow the security procedures listed above. No recordings will be given to another researcher for use in future research.

You have the right to ask questions about how your data will be handled. If you leave the study, you can ask for your data to be removed from analyses and destroyed. If this is not an anonymous study, you can request a copy of your data. You can request a correction if anything is wrong or incomplete.

In my study, I plan to quote parts of your interview. These quotes will not include your name. However, it is possible that use of multiple quotes may make you identifiable to people who know you.

WHO CAN YOU TALK TO ABOUT THIS STUDY?

You can talk to family members, friends, professionals, or anyone who supports you. It is important that you feel comfortable with your participation. You can ask me questions about the study. You can ask my research supervisor questions about the study. You can contact me using the contact information listed on page 1 of this form.

Capella University’s Institutional Review Board (IRB) has been established to protect the rights and welfare of human research participants. Contact the IRB at 1-888-227-3552, extension 7839 or at irb@capella.edu for any of the following reasons:

- You have questions about your rights as a research participant.
- You have experienced a research-related injury.
- You wish to discuss problems or concerns.
- You have suggestions to improve the participant experience.
- You do not feel comfortable talking with the researcher.

You may contact the IRB without giving your name. To ensure safe conduct of the research, the IRB may need to reveal the information you provide to the researcher, supervisor, or appropriate authority.

DO YOU WANT TO BE IN THIS STUDY?

Your signature below shows you have read this form. You have had time to ask questions about this study. I have answered your questions. You voluntarily agree to be in this study. You understand that you can stop participation at any time. You will get a copy of this consent form for your records.

Printed Name of Participant

Date

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Signature of Participant

Date

I confirm that the participant named above was given time to consider this information. The participant had an opportunity to ask questions. To the best of my knowledge, the participant voluntarily agrees to be in this study.

Printed Name of the Researcher

Date

Signature of Researcher

Date

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