



**Clayton County Public Schools  
Division of Accountability and Assessment  
Research Guidelines and Application Procedures**



**Teacher Consent Form**

**[Edit the language in this template to align with your proposed research study.]**

**I. Purpose**

\_\_\_\_\_ has received permission from the Research Review Board of the Clayton County Public School system to conduct the research study entitled, \_\_\_\_\_.  
The purpose of this research is to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**II. Participation in the Study**

You have been asked to participate in this research study between the dates of \_\_\_\_\_. The manner of your participation will include the following: \_\_\_\_\_

Participation in this study is voluntary and will not affect your performance evaluation. If you decide to withdraw permission after the study begins, please notify the school of your decision.

**III. Risks and Discomfort**

Minimal risks are anticipated as a result of your participation. As a general rule, researchers are not permitted to conduct any studies that will disrupt the order of the typical instructional program found in any Clayton County Public School.

**IV. Benefits**

As a participant in this research study, the researcher believes that the information produced will improve the quality of instruction and types of services it provides for all children in Clayton County Public Schools.

**V. Confidentiality**

All information is confidential and will only be used for research purposes. Anonymity is assured as neither you or your students' names will not appear in any written reports that stem from data collected from the researcher. Information collected will be stored [insert location] until [insert date]. At that time, all information associated with the present study will be destroyed.

**VI. More Information**

If you have questions or concerns about this study, please contact [insert name of faculty advisor and student researcher] at [insert phone number]. If you have any questions about the human rights as a research participant, contact [Insert name], Director of \_\_\_\_\_ University IRB at \_\_\_\_\_ or by email at \_\_\_\_\_.

**VII. Informed Consent**

If you have read and understood the information above and agree to participate in this research, print and sign your name below.

_____ Name of Teacher (Please print)	_____ Name of School
_____ Teacher Signature	_____ Grade Level/Subject
_____ Date	