

Teachers College, Columbia University  
Principal Investigator: Dr. Herve Varenne

Research Title: Settings for Education in the Inner City

I have read and discussed the Research Description with the researcher. I have had the opportunity to ask questions about the purposes and procedures regarding this study.

My participation in research is voluntary. I may refuse to participate or withdraw from participation at any time without jeopardy.

The researcher may withdraw me from the research at his/her professional discretion.

If, during the course of the study, significant new information that has been developed becomes available which may relate to my willingness to continue to participate, the investigator will provide this information to me.

Any information derived from the research project that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law. If at any time I have any questions regarding the research or my participation, I can contact the investigator, who will answer my questions. The investigator's phone number is (212) 678-3190.

If at any time I have comments, or concerns regarding the conduct of the research or questions about my rights as a research subject, I should contact the Teachers College, Columbia University Institutional Review Board IRB. The phone number for the IRB is (212) 678-4105. Or, I can write to the IRB at Teachers College, Columbia University, 525 W. 120th Street, New York, NY, 10027, Box 151.

I should receive a copy of the Research Description and this Participant's Rights document.

If this observation is to be video/audio-taped:

I ( ) consent to be video/audio taped.

I ( ) do NOT consent to being video/audio taped.

The written and audio-taped materials will be viewed only by the principal investigator and members of the research team. Short segments of the written, audio taped materials may be viewed in university classrooms, meetings of professional associations or other similar settings after efforts have been made to preserve my anonymity.

My signature means that I agree to participate in this study.

Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Investigator's Verification of Explanation

I certify that I have carefully explained the purpose and nature of this research to \_\_\_\_\_ (participant's name) in age-appropriate language.

He/She has had the opportunity to discuss it with me in detail. I have answered all his/her questions and he/she provided the affirmative agreement (i.e. assent) to participate in this research.

Investigator's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

TEACHERS COLLEGE, COLUMBIA UNIVERSITY	
INSTITUTIONAL REVIEW BOARD	
Protocol #	<u>10-268</u>
Consent form approved until	<u>5-26-11</u>
IRB Signature	<u>[Signature]</u>

PARTICIPANTS RIGHTS  
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