INFORMED CONSENT – SYSTEMATIC OBSERVATIONS

DESCRIPTION OF THE RESEARCH: You are invited to participate in an exploratory research study of people and institutions involved in education outside of schools in your community. The goal is to highlight the extent of this informal education as it is provided in many different places, in after-school clubs, churches, mosques, etc., as well as families, groups of peers, etc.

You have been selected because you are active in Harlem, whether as someone who lives there, or someone who works there. You have also been selected because you have agreed earlier to being interviewed and expressed interest in helping us further with our research. In order to understand in more details how you and the people closest to you educate each other in the course of your everyday life, we are asking for your permission to visit your home as a time when other adults and children are also present. At these times we will make general observations as so that we are least disruptive. We will take notes. We may also ask for permission to video-tape short segments of the event.

The research will be conducted by the members of the research team that you have gotten to know.

RISKS AND BENEFITS: The risks associated with this study are similar to those one may experience when guests visit that one does not know very well: small disruptions that require the guest to be instructed as to what (not) to do, or mild embarrassment at the behavior of some of the other people present.

There will be no direct benefits to you. Because of our links to various institutions, we may be able to help, in a limited fashion, with access to some of their programs. There may be an indirect benefit to your community if the research is successful in making its strengths more noticeable to those who impact it.

There will be no consequence to you if you decide not to participate or to participate only partially.

DATA STORAGE TO PROTECT CONFIDENTIALITY: The notes taken during the interviews and observations, as well as all tape recordings, will be kept in a locked cabinet at Teachers College, as well as on password-protected computer directories. No one but the members of the team will have access to these.

TIME INVOLVEMENT: Your initial participation will take approximately a few hours over possibly a few days.

HOW WILL RESULTS BE USED: The results of the study will be used in research reports that would be published in scholarly journals and books, or presented at professional conferences. The research may be the basis of policy recommendations. In these reports every effort will be made to keep the confidentiality of the participants while accurately representing their words and their conditions.
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: ________________
PARTICIPANT'S RIGHTS

Principal Investigator: Dr. Hervé Varenne and Dr. Linda Lin

Research Title: An exploratory ethnography of education an inner city neighborhood

- 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 interview is to be audio-taped, I ( ) consent to be 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 your anonymity.
- ( ) may NOT be viewed in an educational setting outside the research.
- My signature means that I agree to participate in this study.

Participant's signature: ___________________________ Date: __/__/____

Name: ___________________________