

**KING’S COLLEGE**

**Education Department**

As a final component of the Master’s Degree in Education, graduate students are required to complete action research. Graduate students often investigate the impact of teaching strategies used in their own classroom. To proceed, the College requires students to obtain approval from the institution/school district. The description of the research is listed below. Carefully review the information and if you have any questions, please contact the student researcher or their supervisor. Your consent is appreciated. Deadline for approval is December 2nd.

**INFORMED CONSENT FOR:** **(Title of the Study)**

Research Supervisors:

Dr. Jill Yurko, Program Director of Reading Specialist Program

570-208- 5900 ext. 5685

jillyurko@kings.edu

Dr. Deb Carr, Program Director of Curriculum & Instruction Program

570-208-5900 ext. 5448

deborahcarr@kings.edu

Graduate Student Researcher:

Contact phone number/e-mail:

Brief summary of study:

Anticipated duration of school's involvement in project:

 from: to:

If research involves students:

* + grade levels needed:
	+ total number of students needed at each grade level:
	+ time needed (per subject/respondent):

If research involves teachers, administrators, parents, or other non-students:

* + number of subjects/respondents needed:
	+ time needed (per subject/respondent):

Special considerations (kinds of students, classrooms, etc.):

Information needed from the cooperating teacher, school, or district:

Potential benefits to participating school(s):

Maintenance of Confidentiality:

Questions or concerns about this study, including your role as a participant, may be directed to the investigator listed above, the Institutional Research Board of King's College, or the Ethics Center at King's College. Contact phone numbers may be obtained by calling the college at (570) 208-5900. Written correspondence should be directed to any of the above at King's College, 133 North River Street, Wilkes-Barre, PA 18711.

I have read the above information and I fully understand the nature of this study. I understand that my/my school’s involvement in this study will be confidential, and that if a summary of the results is used for educational or publication purposes**,** individual results will not be identified. I also understand that I have the right to terminate.

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Administrator’s Signature / Date