

Consent Form

Title: Collaborative On-Line Research and Learning (CORAL)

Investigators: Thomas Treadwell, Ed.D, (Psychology) & Evan Leach, Ph.D. (Management)
(West Chester University)

Participants in university-sponsored research projects are required to read and sign a form that documents their 'informed consent'. Please read it carefully, and if you decide to accept these conditions and participate, indicate your consent at the end.

Purpose of study: To investigate the effectiveness of the collaborative on-line research and learning model using senior seminar & social psychology course(s) in promoting collaboration at West Chester University of Pennsylvania. The collaborative model fosters 'active learning' among team members utilizing multiple forms of on-line communication tools. Questionnaires are part of the project that encompass collaborative communication, group cohesion, instructor effectiveness, course satisfaction, and course content areas. Upon agreeing to participate in the collaborative on-line project, questionnaires will be administered through out the course and will take approximately 15 to 20 minutes to complete. All of your responses are confidential and optional. You will be asked to complete 7-10 assessments.

Risks: There are no known risks associated with participation in this on-going study. However, students do sometimes experience some discomfort from the experience of working in groups. This discomfort is typical of everyday types of experiences in interactions with others when disagreements occur.

Benefits: Students will be asked to reflect on their use of oral and written communication, video conferencing, chat room, WebBoard and email communication skills in facilitating 'active learning' in the collaborative on-line research and learning model.

Subjects Rights: If you have read this form and have decided to participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty. You have the right to refuse to answer particular questions. Your individual privacy will be maintained in all published and written data resulting from the study. If you have questions about your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact Dr. Treadwell at (610)-436-2723 or Dr. Leach at (610) 436-2305.

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Institutional Review Board through the OSR, 610-436-3557.

If you wish to participate in this study, please sign your name on the signature line below. Your signature indicates that you have read the above and agree to participate in this study.

Signature of Participant Date

Signature of Investigator Date