Consent Form: Focus Groups

**Purpose:**

The [unit or department] at the University of Arizona is conducting a program assessment under the supervision of [insert responsible party, director, etc.]. You are invited to participate. The purpose of the study is to examine [insert topic of study]. Specifically, we want to understand [insert some details or research questions]. We will use this information to [fill in with anticipated uses for findings]. [**note: it might be best in certain studies to be somewhat vague or general about these details, so as not to “lead” participants to socially desirable responses.**]

**Procedures:**

If you participate in this study, you will be in a group of approximately 8 – 10 students. There will be a facilitator who will ask questions and facilitate the discussion, and two note-takers to write down the ideas expressed within the group. If you volunteer to participate in this focus group, you will be asked some questions relating to your experience with [insert service, location, experience, etc.]. These questions will help us to better understand [fill in].

**Your participation is completely voluntary. You may withdraw from this study at any time without penalty.**

**Benefits and Risks:**

Your participation may benefit you and other University of Arizona students by helping to [improve student services, experience, policy, etc.]. No risk greater than those experienced in ordinary conversation are anticipated. [**Note: insert this if there is any possibility of emotional distress for participants - However, if something during the group causes discomfort, you will have received a list of campus resources where you can seek counseling.**]

Everyone will be asked to respect the privacy of the other group members. All participants will be asked not to disclose anything said within the context of the discussion, but it is important to understand that other people in the group with you may not keep all information private and confidential.

**Confidentiality:**

Anonymous data from this study will be analyzed by [unit or department] staff and reported to Student Affairs administrators. No individual participant will be identified or linked to the results. Study records, including this consent form signed by you, may be inspected by the administrators. The results of this study may be presented at meetings and at a poster session for Student Affairs administrators; however, your identity will not be disclosed. All information obtained in this study will be kept strictly confidential. All materials will be stored in a secure location within the [unit or department] and access to files will be restricted to paid professional staff.

**Consent:**

By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this focus group.

**Participant’s signature:**

___________________________________________

**Printed name:**

___________________________________________

**Date:**

___________________________________________

If you have any questions or concerns about this study, please contact [insert responsible party and contact information].