NC STATE UNIVERSITY

Exempt Consent Form

Use of Information from Educational/Assessment Practices (that are already occurring) as Data for Research This consent form template may be used to get permission from individuals to access FERPA records for research.

Title of Study: <Insert title of study>
IRB Protocol: <Insert eIRB number>
Principal Investigator(s): <insert name, NC State University email, and phone number>
Funding Source: <insert funding source or, if no funding, state None>
NC State Faculty Point of Contact: <insert name, email, and office phone number or delete faculty point of contact if the PI is NC State faculty>
Collaborating Researchers: <insert institution/organization name and their affiliated researcher(s) name, email, and phone number. Delete this section if there are no collaborators>

You are being asked to participate in a research study about <tell them what it is about>. If you participate in this study, you will participate in the <select one: class/program/activity> as normal and allow the researchers to access the information from your <select one: class/program/activity> to use as data for research. You will not be asked to do anything outside of the normal <select one: class/program/activity>.

The information that will be used from the <select one: class/program/activity> as research data includes: <insert information about all data accessed>. This information will be accessed on <insert date range from initial access to de-identification or dispostion>. This study includes the collection of your student records. <I or we> will collect <list all types of student records>. The purpose of collecting these student records is <list all uses/purposes of the records>. This information will be accessible to <list who can access data-e.g., members of the research team, transcription service, etc.>. The dataset will remain <select one: directly identifiable, indirectly identifiable, or anonymous>. The data will be <select one: securely destroyed or completely de-identified or stored in an identifiable manner> by <insert date>.

Participation in this study is strictly voluntary. You can choose not to participate in the study or stop participating at any time by <tell them how they can remove their data from the dataset>.

While participants are completing their normal course activities, participants will <select: be photographed, have their screen recorded, be audio recorded, be video recorded, be audio and video recorded, or have their online activity recorded> during the research activities. If you do not want this information collected, you <select one: can or cannot> participate in this research. We would like to use <these recordings and/or your image> for <describe how you want to use them, e.g., transcription only, sharing audio snippets, their images>. We will keep these <recordings/images> for <describe how long, e.g. until transcriptions have been verified, at least XX years, indefinitely, etc.>.

It is not an expectation nor requirement of the <select one: class/program/activity> that you allow your information to be used as data for research. It is not an expectation of any personal or professional relationships you may have with members of the research team that you allow your information to be used as data for research.

There are minimal risks associated with allowing your information to be used as data in this study and there are no direct benefits to you from participating in this research.

NC STATE UNIVERSITY

You <select one: will receive <insert compensation amount> or will not receive any payment> for allowing your information to be used as data for research.

If you have any questions about the research or how it is implemented, please contact the <insert where appropriate: student> researcher, <insert name>, at <insert NC State email address> and <insert phone number>. You can also contact the faculty advisor for this research, <insert name>, at <insert NC State email address> and <insert office phone number>.

If you have questions about your rights as a participant or are concerned with your treatment throughout the research process, please contact the NC State University IRB Director at IRB-Director@ncsu.edu, 919-515-8754, or fill out a confidential form online at https://research.ncsu.edu/administration/compliance/research-compliance/irb/irb-forms-and-templates/participant-concern-and-complaint-form/

If you consent to participate in this research, please <tell participants what they do next—e.g. sign and date the form, fill in their name and date and click the “Yes I consent” button if done online, etc. If the data are FERPA data, you need participants/guardians to sign or type their name and date the form.>

NC STATE UNIVERSITY

Exempt Consent Form

Research Intervention that is also a Normal Educational/Assessment Practice that only occurs because the Research is Taking Place

Title of Study: <Insert title of study>
IRB Protocol: <Insert eIRB number>
Principal Investigator(s): <insert name, NC State University email, and phone number>
Funding Source: <insert funding source or, if no funding, state None>
NC State Faculty Point of Contact: <insert name, email, and office phone number or delete faculty point of contact if the PI is NC State faculty>
Collaborating Researchers: <insert institution/organization name and their affiliated researcher(s) name, email, and phone number. Delete this section if there are no collaborators>

You are being asked to participate in a research study about <tell them what it is about>. If you participate in this study, you will participate in the <select: class/program/activity>.

Participation is strictly voluntary. You can choose not to participate in the study or stop participating at any time by <tell them how they can stop participating>.

The activities that you will complete include <list the educational or assessment activities that they will complete for research purposes>.

If you do not want to participate in this research and complete the <select: class/program/activity> you can do <insert alternative activity> instead.

It is not an expectation nor requirement of the <select one: class/program/activity> that you participate in this research. It is not an expectation of any personal or professional relationships you may have with members of the research team that you participate in this research.

Participants will <select: be photographed, have their screen recorded, be audio recorded, be video recorded, be audio and video recorded, or have their online activity recorded> during the research activities. If you do not want this information collected, you <select one: can or cannot> participate in this research. We would like to use <these recordings and/or your image> for <describe how you want to use them, e.g., transcription only, sharing audio snippets, their images>. We will keep these <recordings/images> for <describe how long, e.g. until transcriptions have been verified, at least XX years, indefinitely, etc.>.

There are minimal risks associated with your participation in this study and there are no direct benefits to you from participating in this research.

You <select one: will receive <insert compensation amount> or will not receive any payment> for completing these educational/assessment activities.

If you have any questions about the research or how it is implemented, please contact the <insert where appropriate: student> researcher, <insert name>, at <insert NC State email address> and <insert phone number>. You can also contact the faculty advisor for this research, <insert name>, at <insert NC State email address> and <insert office phone number>.

NC STATE UNIVERSITY

If you have questions about your rights as a participant or are concerned with your treatment throughout the research process, please contact the NC State University IRB Director at IRB-Director@ncsu.edu, 919-515-8754, or fill out a confidential form online at https://research.ncsu.edu/administration/compliance/research-compliance/irb/irb-forms-and-templates/participant-concern-and-complaint-form/

If you consent to participate in this research, please <tell participants what they do next—e.g. click a link to access the survey, fill in their name and date and click “Yes I consent” button to see the survey, etc. If the data are subject to FERPA, you need them to type their name and date the form.>

NC STATE UNIVERSITY

Exempt Consent Form

Use of Information from Educational/Assessment Practices Already Occurring as Research Data AND Implementation of a Research Intervention that is also a Normal Educational/Assessment Practice that Only Occurs because the Research is Taking Place

Title of Study: <Insert title of study>
IRB Protocol: <Insert eIRB number>
Principal Investigator(s): <insert name, NC State University email, and phone number>
Funding Source: <insert funding source or, if no funding, state None>
NC State Faculty Point of Contact: <insert name, email, and office phone number or delete faculty point of contact if the PI is NC State faculty>
Collaborating Researchers: <insert institution/organization name and their affiliated researcher(s) name, email, and phone number. Delete this section if there are no collaborators>

You are being asked to participate in a research study about <tell them what it is about>. If you participate in this study, you will be asked to participate in the <select one: class/program/activity> and allow the researchers to <access your information from ___ for research purposes>.

The activities that you will complete for research purposes only include <list the educational or assessment activities that they will complete for research purposes>.

The information from <select one: class/program/activity> that we would like to access about you and use as research data includes: <insert information about all data accessed>. This information will be accessed on <insert date>. This study includes the collection of your student records. <I or we> will collect <list all types of student records>. The purpose of collecting these student records is <list all uses/purposes of the records>. This information will be accessible to <list who can access data-e.g., members of the research team, transcription service, etc.>. The dataset will remain <select one: directly identifiable, indirectly identifiable, or anonymous>.

Participation is strictly voluntary. You can choose to not participate in the study or stop participating at any time by <tell them how they can stop participating in the research activities and how they can revoke their permission to use their course/activity/program information as data for research>.

If you do not want to participate in this research and complete the <select: class/program/activity> you can do <insert alternative activity> instead.

It is not an expectation nor requirement of the <select one: class/program/activity> that you allow your information to be used as data for research or that you participate in any research activities. It is not an expectation of any personal or professional relationships you may have with members of the research team that you allow your information to be used as data for research or that you participate in any research activities.

Participants will <select: be photographed, have their screen recorded, be audio recorded, be video recorded, be audio and video recorded, or have their online activity recorded> during the research activities. If you do not want this information collected, you <select one: can or cannot> participate in this research. We would like to use <these recordings and/or your image> for <describe how you want to use them, e.g., transcription only, sharing audio snippets, their images>. We will keep these

<recordings/images> for <describe how long, e.g. until transcriptions have been verified, at least XX years, indefinitely, etc.>.

There are minimal risks associated with your participation in this study and there are no direct benefits to you from participating in this research.

You <select one: will receive <insert compensation amount> or will not receive any payment> for completing these educational/assessment activities.

If you have any questions about the research or how it is implemented, please contact the <insert where appropriate: student> researcher, <insert name>, at <insert NC State email address> and <insert phone number>. You can also contact the faculty advisor for this research, <insert name>, at <insert NC State email address> and <insert office phone number>.

If you have questions about your rights as a participant or are concerned with your treatment throughout the research process, please contact the NC State University IRB Director at IRB-Director@ncsu.edu, 919-515-8754, or fill out a confidential form online at https://research.ncsu.edu/administration/compliance/research-compliance/irb/irb-forms-and-templates/participant-concern-and-complaint-form/

If you consent to participate in this research, please <tell participants what they do next—e.g. click a link to access the survey, fill in their name and date and click “Yes I consent” button to see the survey, etc. If the data are subject to FERPA, you need them to type their name and date the form.>

NC STATE UNIVERSITY

Exempt "Parental Notification" or "Opt-Out" Form for Educational Research

Title of Study: <Insert title of study>
IRB Protocol: <Insert eIRB number>
Principal Investigator(s): <insert name, NC State University email, and phone number>
Funding Source: <insert funding source or, if no funding, state None>
NC State Faculty Point of Contact: <insert name, email, and office phone number or delete faculty point of contact if the PI is NC State faculty>
Collaborating Researchers: <insert institution/organization name and their affiliated researcher(s) name, email, and phone number. Delete this section if there are no collaborators>

Your child is being asked to participate in a research study about <tell them what it is about>. If your child participates in this study, they will be asked to participate in the <select one: class/program/activity> and allow the researchers to <access their information from ___ for research purposes>. The <insert one: school, program, activity> has given permission for this research to occur.

The activities that your child will complete for research purposes only include <list the educational or assessment activities that they will complete for research purposes>.

The information from <select one: class/program/activity> that we would like to access about your child and use as research data includes: <insert information about all data accessed>. This information will be accessed on <insert date>. This study includes the collection of your child's student records. <I or we> will collect <list all types of student records>. The purpose of collecting these student records is <list all uses/purposes of the records>. This information will be accessible to <list who can access data-e.g., members of the research team, transcription service, etc.>. The dataset will remain <select one: directly identifiable, indirectly identifiable, or anonymous>.

Participants will <select: be photographed, have their screen recorded, be audio recorded, be video recorded, be audio and video recorded, or have their online activity recorded> during the research activities. These <recordings and/or your child's image> will be used for <describe how you want to use them, e.g., transcription only, sharing audio snippets, their images>. We will keep these <recordings/images> for <describe how long, e.g. until transcriptions have been verified, at least XX years, indefinitely, etc.>.

If you do not want your child to participate in this research and complete the <select: class/program/activity> your child will <insert alternative activity>.

It is not an expectation nor requirement of the <select one: class/program/activity> that you participate in this research. It is not an expectation of any personal or professional relationships you may have with members of the research team that you participate in this research.

There are minimal risks associated with your child's participation in this study and there are no direct benefits to you or your child from participating in this research.

Participation is strictly voluntary. You can choose not to allow your child to participate in the study or they can stop participating at any time by <tell them how their child can stop participating in the

research activities and how they can revoke their permission to use their child's course/activity/program information as data for research>.

It is not an expectation nor requirement of the <select one: class/program/activity> that you allow your child's information to be used as data for research or that your child participates in any research activities. It is not an expectation of any personal or professional relationships you or your child may have with members of the research team that you allow your child's information to be used as data for research or that your child participate in any research activities.

Your child <select one: will receive <insert compensation amount> or will not receive any payment> for completing these educational/assessment activities.

If you have any questions about the research or how it is implemented, please contact the <insert where appropriate: student> researcher, <insert name>, at <insert NC State email address> and <insert phone number>. You can also contact the faculty advisor for this research, <insert name>, at <insert NC State email address> and <insert office phone number>.

If you have questions about your rights as a participant or are concerned with your treatment throughout the research process, please contact the NC State University IRB Director at IRB-Director@ncsu.edu, 919-515-8754, or fill out a confidential form online at https://research.ncsu.edu/administration/compliance/research-compliance/irb/irb-forms-and-templates/participant-concern-and-complaint-form/

If you **DO NOT** consent to have your child participate in this research, please <tell participants what they do next>.

If you want your child to participate in the project, you do not have to do anything else.

NC STATE UNIVERSITY

Exempt Consent Form

Surveys

Title of Study: <Insert title of study>
IRB Protocol: <Insert eIRB number>
Principal Investigator(s): <insert name, NC State University email, and phone number>
Funding Source: <insert funding source or, if no funding, state None>
NC State Faculty Point of Contact: <insert name, email, and office phone number or delete faculty point of contact if the PI is NC State faculty>
Collaborating Researchers: <insert institution/organization name and their affiliated researcher(s) name, email, and phone number. Delete this section if there are no collaborators>

You are being asked to complete <select one: a survey or several surveys> for research purposes. <Select one: The survey is or these surveys are> about <tell them what it is about>. You can expect that <Select one: the survey is or these surveys are> will take roughly <insert time it will take to complete the surveys>

You must be 18 years of age or older, reside in the United States, and <insert other inclusion criteria> to participate in this study.

For this study, you will <insert information about what they will do for research purposes (number of surveys taken and the general content of the questions being asked on the survey, e.g., information about yourself and what you think about careers in STEM.>. Completing <select one: this survey is or these surveys are> voluntary and you can stop at any time by <tell them how they can stop both during the survey and after the survey(s)>.

We suggest that you take this survey using a private device, in a private location, using a web browser set to private/incognito mode. The data collected about you from this survey will be stored in accordance with NC State data protection standards.

An aspect of this study includes deception or incomplete disclosure. Deception or incomplete disclosure in research can be related to your being unaware of the specific methods being used by the researcher, the researcher giving you misleading information, or the researcher not fully disclosing some aspect of the study. At the end of the study, you will be told about all aspects that were left out of this document. The deception in this study does not put you in harm's way nor does it increase any risks to you.

Due to <identify why you are a mandatory reporter (e.g., your professional role as XXX, local/state/federal reporting requirements, etc.>, I have an obligation to report <select or insert what applies (e.g, child neglect and abuse, sexual abuse of an adult ages 28 years old or younger, elder neglect and abuse, sexual discrimination and harassment of students, etc.)>. This means that if I observe instances of, or you tell me about <insert in lay terms topics that would lead to reporting>, I am obligated to report that. The risks associated with reporting this information include <insert possible risks to reporting>

You <select one: will receive <insert compensation amount> or will not receive any payment> for completing <select one: this survey or these surveys>. In order to receive full compensation for

completing the survey, you must <tell them what they need to do, e.g., if they need to pass attention checks, give you their email in a second survey or enter a random number code into a window, etc.>.

Please note that because you are participating in this research via <select one: MTurk or Prolific>, your participation will be listed on your <select one: MTurk or Prolific> profile. However, <select one: MTurk or Prolific> will not have access to your responses on the survey. Further, while we may have access to your <select one: MTurk or Prolific> ID, we will only use this information to pay you and then your ID will be deleted from our records and will no longer be associated with your responses.

Instead of participating in this research project, you can select another study in SONA to complete for course credit or you can contact your professor for an alternative assignment that will take the same amount of time and effort for the same amount of course credit.

The GDPR is a European law that details conditions under which it is lawful to collect, use, disclose or process personal data. For this research project, the information being <collected/processed> is <explain the personal and pseudonymized data you're using for research purposes]. [Insert name of researcher> is collecting this data and you can find their contact information at the top of this form.

This information is <collected/processed> by <insert method>. The reason this is being <collected/processed> is <explain why you need the data to answer your research question>. One lawful basis for doing so is your consent. The information will be used for <insert time frame> and will be used for research purposes. The data will be stored for <insert time frame> and the data will be shared with <insert information about with whom data will be shared>. The information will <not> be shared with someone in another country under the lawful basis of your consent and the legitimate interest of research. If the data is shared, it will be shared in <select one: an identifiable format, a format where it's possible to guess who you are, or a completely de-identified format>.

The effect of the <collection/processing> of this data to you is <explain the possible effect(s) for participants>. The use of your information is unlikely to cause harm to you. If you would like to request access to the information from this project about you, rectify the information about you, or remove all of your information from this research project, you may do so by contacting the researcher named above unless it is impossible to identify your information amongst the other data. The EEA representative that you may contact is <insert individual's name, professional email, and office phone number>.

If you have any questions about the survey, how it is implemented, or the research study, please contact the <insert where appropriate: student> researcher, <insert name>, at <insert NC State email address> and <insert phone number>. You can also contact the faculty advisor for this research, <insert name>, at <insert NC State email address> and <insert office phone number>. Please reference study number <insert eIRB protocol number> when contacting anyone about this project.

If you have questions about your rights as a participant or are concerned with your treatment throughout the research process, please contact the NC State University IRB Director at IRB-Director@ncsu.edu, 919-515-8754, or fill out a confidential form online at https://research.ncsu.edu/administration/compliance/research-compliance/irb/irb-forms-and-templates/participant-concern-and-complaint-form/

NC STATE UNIVERSITY

If you consent to complete this survey, please <tell participants what they do next—e.g., click a link to access the survey, fill in their name and date and click “Yes I consent” button to see the survey, etc.>

NC STATE UNIVERSITY

Exempt Consent Form

Interviews, Focus Groups, and Benign Behavioral Interventions

Title of Study: <Insert title of study>
IRB Protocol: <Insert eIRB number>
Principal Investigator(s): <insert name, NC State University email, and phone number>
Funding Source: <insert funding source or, if no funding, state None>
NC State Faculty Point of Contact: <insert name, email, and office phone number or delete faculty point of contact if the PI is NC State faculty>
Collaborating Researchers: <insert institution/organization name and their affiliated researcher(s) name, email, and phone number. Delete this section if there are no collaborators>

You are being asked to participate in a research study about <tell them what it is about>. Participation is strictly voluntary. You must be 18 years of age or older, reside in the United States, and <insert other inclusion criteria> to participate in this study.

If you participate in this study, you will <insert information about what they will do for research purposes, provide general content of the questions being asked of them or a description of the activity, state if it's in person or virtual, and mention any recording that you plan to do - audio/video/screen/motion, etc. If recording is not optional, specify they should not participate if they feel uncomfortable with being recorded.>.

You can choose to not participate in the study or stop participating at any time by <tell them how they can stop both during the research activities and afterwards>.

While we ask everyone in the focus group to keep what's said during our discussion private, we cannot guarantee confidentiality of your responses. Please only share what you're comfortable with others knowing.

An aspect of this study includes deception or incomplete disclosure. Deception or incomplete disclosure in research can be related to your being unaware of the specific methods being used by the researcher, the researcher giving you misleading information, or the researcher not fully disclosing some aspect of the study. At the end of the study, you will be told about all aspects that were left out of this document. The deception in this study does not put you in harm's way nor does it increase any risks to you.

Participants will <select: be photographed, have their screen recorded, be audio recorded, be video recorded, be audio and video recorded, or have their online activity recorded> during the research activities. If you do not want this information collected, you <select one: can or cannot> participate in this research. We would like to use <these recordings and/or your image> for <describe how you want to use them, e.g., transcription only, sharing audio snippets, their images>. We will keep these <recordings/images> for <describe how long, e.g. until transcriptions have been verified, at least XX years, indefinitely, etc.>.

There are minimal risks associated with your participation in this research. There are no direct benefits to you from participating in this research.

NC STATE UNIVERSITY

Due to <identify why you are a mandatory reporter (e.g., your professional role as XXX, local/state/federal reporting requirements, etc.>, I have an obligation to report <select or insert what applies (e.g, child neglect and abuse, sexual abuse of an adult ages 28 years old or younger, elder neglect and abuse, sexual discrimination and harassment of students, etc.)>. This means that if I observe instances of, or you tell me about <insert in lay terms topics that would lead to reporting>, I am obligated to report that. The risks associated with reporting this information include <insert possible risks to reporting>

You <select one: will receive <insert compensation amount> or will not receive any payment> for participating in this research. In order to receive full compensation, you must <tell them what they need to do, e.g., complete all research activities, complete all research activities and provide the research team an email address to be entered into a drawing for research compensation, etc.>.

Instead of participating in this research project, you can select another study in SONA to complete for course credit or you can contact your professor for an alternative assignment that will take the same amount of time and effort for the same amount of course credit.

If you have any questions about the research or how it is implemented, please contact the <insert where appropriate: student> researcher, <insert name>, at <insert NC State email address> and <insert phone number>. You can also contact the faculty advisor for this research, <insert name>, at <insert NC State email address> and <insert office phone number>. Please reference study number <insert eIRB protocol number> when contacting anyone about this project.

If you have questions about your rights as a participant or are concerned with your treatment throughout the research process, please contact the NC State University IRB Director at IRB-Director@ncsu.edu, 919-515-8754, or fill out a confidential form online at https://research.ncsu.edu/administration/compliance/research-compliance/irb/irb-forms-and-templates/participant-concern-and-complaint-form/

If you consent to participate in this research study, please <tell participants what they do next—e.g., click a link to access the survey, fill in their name and date and click “Yes I consent” button to see the survey, etc.>

NC STATE UNIVERSITY

Exempt Consent Form

Taste and food quality evaluation and consumer acceptance studies

Title of Study: <Insert title of study>
IRB Protocol: <Insert eIRB number>
Principal Investigator(s): <insert name, NC State University email, and phone number>
Funding Source: <insert funding source or, if no funding, state None>
NC State Faculty Point of Contact: <insert name, email, and office phone number or delete faculty point of contact if the PI is NC State faculty>
Collaborating Researchers: <insert institution/organization name and their affiliated researcher(s) name, email, and phone number. Delete this section if there are no collaborators>

You are being asked to participate in a research study about <tell them what it is about>. Participation is strictly voluntary. You must <insert other inclusion criteria and address allergies/food sensitivities as appropriate to the study> to participate in this study.

If you participate in this study, you will <insert information about what they will do for research purposes, state if the activity/activities are in person or virtual, and mention any recording that you plan to do - audio/video/screen/motion, etc. If recording is not optional, specify they should not participate if they feel uncomfortable with being recorded.>.

<Select one sentence: The food is wholesome and without additives or The food is generally recognized as safe by the Food and Drug Administration (FDA), the Environmental Protection Agency (EPA) or the Food Safety and Inspection Service of the US Department of Agriculture.> The food will be prepared in a commercial kitchen that complies with good manufacturing practices (GMP).

You can choose to not participate in the study or stop participating at any time by <tell them how they can stop both during the research activities and afterwards>.

There are minimal risks associated with your participation in this research. There are no direct benefits to you from participating in this research.

You <select one: will receive <insert compensation amount> or will not receive any payment> for participating in this research. In order to receive full compensation, you must <tell them what they need to do, e.g., complete all research activities, complete all research activities and provide the research team an email address to be entered into a drawing for research compensation, etc.>.

If you have any questions about the research or how it is implemented, please contact the <insert where appropriate: student> researcher, <insert name>, at <insert NC State email address> and <insert phone number>. You can also contact the faculty advisor for this research, <insert name>, at <insert NC State email address> and <insert office phone number>. Please reference study number <insert eIRB protocol number> when contacting anyone about this project.

If you have questions about your rights as a participant or are concerned with your treatment throughout the research process, please contact the NC State University IRB Director at IRB-Director@ncsu.edu, 919-515-8754, or fill out a confidential form online at

https://research.ncsu.edu/administration/compliance/research-compliance/irb/irb-forms-and-templates/participant-concern-and-complaint-form/

If you consent to participate in this research study, please <tell participants what they do next—e.g., click a link to access the survey, fill in their name and date and click “Yes I consent” button to see the survey, etc.>