**Focus Group Prospective Agreement Form**

**STUDY TITLE**

**STUDY #: (i.e. FY17-18-0000)**

**Instructions:** Statements *[in brackets and* *italics]* are instructions or examples. Do not include them in the final version of the prospective agreement form.

We are asking you to take part in a research study being done by *[list researcher’s name]* a *[faculty member, staff member, or student]* at Montclair State University.

We are holding a focus group to learn more about *[briefly describe the purpose of the research]*. The focus group will last about *[XX minutes or hours].*

You can skip questions that you do not want to answer or leave the group at any time.

We will keep the data we collect confidential, and we will not share your personal information with anyone outside the research team.

We will ask you and the other people in the group to use only first names during the focus group. Please do not to tell anyone outside the group what any particular person said. However, we cannot guarantee that each participant will keep the discussions private.

Being in this study is optional. Please tell the researcher if you do not want to participate.

*[The following are elements you may consider including if applicable]:*

* Compensation: To compensate you for the time you spend in this study, you will receive (*describe compensation, including amount, type, and distribution method/timeline here. If there is no compensation, please state that).*
  + *For compensated studies, please also state whether participants will be eligible for compensation if they withdraw from the study prior to its completion. If compensation is pro-rated over the period of the participant's involvement, indicate the points/stages at which compensation changes during the study.*
  + *When listing that participant may be entered into a drawing for a gift, describe approximately when that drawing will take place..*
* Likely Risks:You may feel/experience *[Describe foreseeable risks or discomfort to participants, including physical, psychological, social, economic, criminal or civil liability, employability, or reputation risks. Do* ***NOT*** *use any jargon or technical language.]*
* Benefits:You may benefit from this study *[by/through/because…]* Others may benefit from this study *[by/though/because…]*

Questions about the study? Please contact *[researcher’s name, position at University, department and college]* at *[contact info]* or *[Faculty Sponsor name,* p*osition at University, department and college]* at *[contact info]*

If you have questions or concerns about your rights as a research participant, you can call the Montclair Institutional Review Board at 973-655-7583 or email reviewboard@montclair.edu

This study has been approved by the Montclair State University Institutional Review Board.