**SUNY DOWNSTATE HEALTH SCIENCES UNIVERSITY**

**& NYC Health + Hospitals, Kings County**

*(if not applicable, delete one of the above lines and the “&”)*

**BROOKLYN, NY 11203**

**Information Sheet for Electronic Survey/Interview/Focus Group Session**

**Edit any of the following information as applicable to the study. Items in red are general instructions which must be deleted (or changed when applicable) before submitting the final form to the IRB. Please submit a MS Word version to the IRB or include this information within the e-mail script or electronic survey as applicable to the project. (Please delete all instructions/guidance once the document is finalized).**

**Information for You to Consider:**

You are being invited to participate in a research study called state study’s title. This study is being done by name of Principal Investigator (PI) from SUNY Downstate Health Sciences University and NYC Health + Hospitals, Kings County (if not applicable, delete one of the above lines and the “and”). *If sponsored:* This study is sponsored by name of sponsor. You were selected to participate in this study because of briefly state study’s eligibility criteria (e.g. you are an elementary school teacher).

Please insert a short, 1-2 sentence summary of the purpose of the research, e.g., The main purpose of this study is (state purpose, such as:) to learn whether elementary school teachers prefer online/remote or in-person classroom teaching. The research will also…

If you agree to take part in this study, please complete an online survey/participate in an online focus group/interview. Briefly state what the survey/interview/ focus group entails such as: The survey/interview/focus group session with ask about your teaching preferences. We will ask some demographic questions such as your age, gender and race/ethnicity. Describe estimated time for participation, for example: It will take you approximately 10 minutes to complete the survey/participate in the focus group/interview.

There will not be any direct benefit to you from this research. The researchers, however, may learn more about (describe what information the researchers hope to learn).

There are minimal risks associated with this research, including loss of confidentiality (add if collecting identifiers). Add if applicable to focus group or interview session: We will discuss the ground rule of protecting other’s privacy; however, we cannot guarantee that everyone will understand the importance of confidentiality. Describe the electronic platform used (e.g., REDCap, Zoom, etc.) and indicate how privacy and confidentiality risks are mitigated, for example: We will obtain anonymous results through a Zoom interview. [or edit this section as appropriate, if identifiers will be retained with the study’s data.] Research records will be kept confidential to the extent allowed by law and may only be reviewed by those authorized by the SUNY Downstate Health Sciences University Institutional Review Board (IRB) & Privacy Board.

Your participation in this study is completely voluntary and you can withdraw at any time by simply exiting the survey. [If data for partially completed surveys for those who withdraw will be retained, disclose that here.] Choosing not to participate or withdrawing from the study will not result in a penalty or loss of benefits or services to which you are entitled. You are free to skip any question that you choose.

If you have questions about this project or if you have a research-related problem, you may contact the researcher, state name of researcher at telephone number or send an encrypted (secure) email to (insert e-mail).

This research is reviewed and approved by an Institutional Review Board (IRB). An IRB is a committee that provides ethical and regulatory oversight of human research. You may talk to the SUNY Downstate Health Sciences University IRB & Privacy Board by calling (718) 613-8480 or sending an encrypted (secure) e-mail to [IRB@downstate.edu](mailto:IRB@downstate.edu), if

* You have questions about your rights as a research participant
* Your questions, concerns, or complaints are not being answered by the research team,
* You cannot reach the research team,
* You want to talk to someone besides the research team, or
* You want to get information or provide input about this research

By accessing the survey link below you are indicating that you are at least 18 years old, have read this consent form and agree to participate in this study. Please print a copy of this page for your records.

You may open the survey in your web browser by clicking the link below:  
(ADD LINK)

If the link above does not work, try copying the link below into your web browser:  
(ADD LINK)

This link is unique to you and should not be forwarded to others.