

INFORMED CONSENT FORM

Study Title: Virtual Learning: How it Effects Self-Efficacy in Rural Educators

Researcher: Katie Ann Wilson

Capella Email Address and Telephone Number: kwilson155@capellauniversity.edu -
620-388-1328

Research Supervisor: Pat Guillory

Capella Email Address: Patricia.Guillory@capella.edu

INTRODUCTION

I invite you to participate in a study. I am a doctoral learner at Capella University in the School of Education. I am conducting this study to complete my degree. I will write a paper about the findings of this study. This form will help you decide if you want to participate in my study. Participation in this study is voluntary.

If you have questions about the study, please ask me. Please let me know if you would like more time to think about your participation. You may also want to discuss your participation with people close to you.

WHAT IS THIS STUDY ABOUT?

I want to learn about the goal of this project is to increase the self-reported efficacy levels among educators in the use of technologies as both teaching and learning tools.

WHY WOULD YOU WANT TO PARTICIPATE?

You might want to participate because you are an educator who needs support in using technologies in both teaching and learning.

WILL PARTICIPATION HELP YOU OR OTHERS?

Participation in this study may directly help you. Information from this study might help researchers or others in the future.

WHY WOULD YOU NOT WANT TO PARTICIPATE?

You might not want to participate because you are unable to be active in an online learning community for six consecutive weeks.

ARE THERE RISKS TO YOU IF YOU PARTICIPATE?

This is a minimal risk study. Any discomfort should not be greater than the discomfort you experience in daily life or in routine tests. You can stop participation at any time.

ARE YOU ELIGIBLE FOR THE STUDY?

You can participate in the study if you:

- **Rural Educator teaching grade-level 6th-8th grade (middle school level)**

About **20-30** participants will be in this study.

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Participant Initials: _____ Researcher Initials: _____

WHAT WILL HAPPEN DURING THIS STUDY?

If you participate, you will complete the following activities:

- **Self-Efficacy Survey will be** given three times once before the study, again during the study, and finally at the end of the study - This will take **15** minutes each time given.
- **Interviews** - The researcher will conduct interviews once at the start of the study and again towards the end. This will take **15** minutes. The researcher will use the audio portion of a video calling platform such as Skype or Google Hangouts/Meets.
- Interact within the virtual learning community during the 6 week research period.

WHAT KINDS OF PERSONAL DATA WILL I COLLECT FROM YOU?

Nickname and email in order to log onto the learning management system in order to participate.

ARE THERE OTHER PROCEDURES THAT MIGHT HELP YOU?

There are no alternative procedures relevant to the study.

HOW LONG WILL YOU BE IN THE STUDY?

If you decide to be in this study, your total participation will last 6 weeks.

WILL YOU GET PAID?

You will not be paid for your participation.

IS PARTICIPATION VOLUNTARY?

Your participation in this study is voluntary. You can say no or stop participation at any time. There will be no penalty to you. You will not lose benefits or services to which you are otherwise entitled. If you want to stop participation, please email the researcher.

ARE THERE ANY COSTS TO YOU IF YOU PARTICIPATE?

There are no additional costs to you if you participate.

WILL YOU BE RECORDED?

The researcher will record audio portions of the interviews. The recording will be used to assist with an accurate summary of findings. The recording will be kept for seven years and then destroyed. You cannot participate if you decline to be audio recorded.

The recording will be secured and kept confidential by a portable storage device following the data security guidelines. The recording may be heard by a transcriptionist. The transcriptionist will not maintain a copy of the recording once it has been transcribed.

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HOW WILL I PROTECT YOUR PRIVACY AND CONFIDENTIALITY?

The information you provide for the research will be kept confidential by a portable storage device following the data security guidelines. Use of Skype or Google Hangout/Meet will involve acceptance of risks involved with that service. Please see here for further information regarding privacy and security policies of this software:

<https://support.skype.com/en/skype/all/privacy-security/> or
<https://support.google.com/meet/answer/9852160?hl=en>

All identifiable data will be limited to the members of the study team. All data will be moved to an approved service as soon as possible. Please note that the internet and computers are never fully secure. Please note possible risks from a electronic transfer of your information to school reviewers who live in different places with different data privacy laws.

In any written reports or publications, I will not use your name. If I collect information that uniquely describes you, I will write or present it in a way that eliminates others' ability to identify you.

I, my research supervisor, and my dissertation committee will have access to your study data. Additionally, Capella University's IRB, and the Research Compliance Committee (RCC) and its designees may review your research records.

All information you provide for the research will be securely maintained for seven years. If you leave the study early, I will not use the data I have collected from you.

When the study is over, information that identifies you will be separated from your other data. This information will be stored in a separate place. No data collected in this study will be given to another researcher for use in future research.

You have the right to ask questions about how your data will be handled. If you leave the study, you can ask for your data to be removed from analyses and destroyed. If this is not an anonymous study, you can request a copy of your data. You can request a correction if anything is wrong or incomplete.

In my study, I plan to quote parts of your interview. These quotes will not include your name. However, it is possible that the use of multiple quotes may make you identifiable to people who know you.

ARE THERE LIMITS TO CONFIDENTIALITY?

I cannot keep things you tell me confidential if:

- I believe a child or vulnerable adult has been abused
- I believe you plan to hurt yourself
- I believe you plan to hurt someone else

There are laws that require many professionals to alert a state agency or law enforcement if they think a person is at risk for suicide, homicide, or if a child or adult is being abused. Please ask any questions you may have about this issue before you agree to participate. It is important that you do not feel betrayed if I cannot keep something confidential.

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WHO CAN YOU TALK TO ABOUT THIS STUDY?

You can talk to family members, friends, professionals, or anyone who supports you. It is important that you feel comfortable with your participation. You can ask me questions about the study. You can ask my research supervisor questions about the study. You can contact me using the contact information listed on page 1 of this form.

Capella University’s Institutional Review Board (IRB) has been established to protect the rights and welfare of human research participants. Contact the IRB at 1-888-227-3552, extension 7839 or at irb@capella.edu for any of the following reasons:

- You have questions about your rights as a research participant.
- You have experienced a research-related injury.
- You wish to discuss problems or concerns.
- You have suggestions to improve the participant experience.
- You do not feel comfortable talking with the researcher.

You may contact the IRB without giving your name. To ensure safe conduct of the research, the IRB may need to reveal the information you provide to the researcher, supervisor, or appropriate authority.

DO YOU WANT TO BE IN THIS STUDY?

“Proceeding with the research shows you have read this form. You have had time to contact the researcher to ask questions about this study. I have answered any questions you asked. You voluntarily agree to be in this study, “Virtual Learning: How it Effects Self-Efficacy in Rural Educators.” You understand that you can stop participation at any time by exiting out of your browser or ceasing to complete the survey or interview. Please keep or print a copy of this consent form for your records.”

Printed Name of Participant

Date

Signature of Participant

Date

I confirm that the participant named above was given time to consider this information. The participant had an opportunity to ask questions. To the best of my knowledge, the participant voluntarily agrees to be in this study.

_____ Printed Name of the Researcher

Date

Signature of Researcher

Date

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