

CONSENT TO PARTICIPATE IN RESEARCH

IRB Protocol ID: 45866
Principal Investigator: Barbara E. Eshbach
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➤ Participant's Printed Name: \_\_\_\_\_

➤ Participant's Penn State email address: \_\_\_\_\_

You are being asked to participate in a research study and this form gives you information about the research.

Title of Project: ConnectED: A Penn State York Library First-Year Experience Pilot Program

Purpose of the Study: The purpose of this research study is to determine to what extent participation in a library first-year experience will increase student engagement in the Penn State York campus community and support first-year student success.

Procedures to be followed for the campus-wide component: All campus students, faculty, and staff are invited to participate in ConnectED events. First-year students attending these events will fill out, and turn in, ConnectED cards (the forms used to earn points and demonstrate attendance). First-year students will also be using these cards to document connections made outside of scheduled events and will be earning points for their connections made with other students, faculty, and staff. These cards will be turned in at the Lee R. Glatfelter Library

Duration of the campus-wide component: Fall 2014 semester and part of Spring 2015 semester

Statement of Confidentiality: Your participation in this research is voluntary and your data will be kept confidential. Any data reported will be done so in the aggregate (we're looking at the whole group) and anonymously (individual students will never be identified).

The following data will be collected and reported only anonymously and in the aggregate:

- Number of connections recorded on ConnectEd connections cards
• Attendance at ConnectED events
• Participation in ConnectED activities

You may contact Barbara Eshbach, bee11@psu.edu, any time you have questions about the research.

You may also contact the Office for Research Protections at (814) 865-1775, ORProtections@psu.edu, if you have questions about your rights as a person in a research study or you believe you may have been harmed by being in the research study.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop.

You have been provided with a copy of this consent form and a copy can also be found on the ConnectED website:

http://sites.psu.edu/connected/

Signing this document means that the research study, including the above information, has been described to you and that you voluntarily agree to participate.

➤ PARTICIPANT Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of person who explained this research Date Printed name