**INDIANA UNIVERSITY INFORMED CONSENT STATEMENT FOR RESEARCH**

College and University Teaching Environment Survey

**ABOUT THIS RESEARCH**

We cordially invite you to participate in the College and University Teaching Environment Survey. The information you and other instructional staff members on your campus provide will help identify areas of strength and improvement, as well as lead to constructive discussions related to teaching, learning, and the quality of your students' educational experience during the COVID-19 pandemic. After reading the information on this page, if you agree to take part in this survey, click the "Proceed to the Survey" button below.

**TAKING PART IN THIS STUDY IS VOLUNTARY**

You may choose not to take part in the study or may choose to leave the study at any time. Deciding not to participate, or deciding to leave the study later, will not result in any penalty or loss of benefits to which you are entitled and will not affect your relationship at the university.

**WHY IS THIS STUDY BEING DONE?**

The purpose of this study is to understand how colleges and universities are supporting and meeting the needs of faculty members and other instructional staff during the COVID-19 pandemic. You were selected as a possible participant because your institution recently participated in the Faculty Survey of Student Engagement. The study is being conducted by Allison BrckaLorenz, Thomas Nelson Laird, and Kyle Fassett through the Center for Postsecondary Research at Indiana University Bloomington.

**HOW MANY PEOPLE WILL TAKE PART?**

If you agree to participate, you will be one of approximately 2,000 faculty participants across 25 schools in the U.S. taking part in this study.

**WHAT WILL HAPPEN DURING THE STUDY?**

If you agree to be in the study, you may do the following things:

* Complete a survey that takes approximately 15 minutes
* Upload a course syllabus

**WHAT ARE THE RISKS OF TAKING PART IN THE STUDY?**

While participating in the study, the risks, side effects, and/or discomforts include:

* A risk of completing the survey is being uncomfortable answering the questions.
* There is a risk of possible loss of confidentiality.

**WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THE STUDY?**

You will not receive any benefit from taking part in this study, but you will be helping the investigators learn things that will help higher education institutions improve their quality.

**HOW WILL MY INFORMATION BE PROTECTED?**

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. No information which could identify you will be shared in publications about this study. We will share survey responses in the aggregate with your institution, but we will not return syllabi. Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the Indiana University Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law).

**WILL I BE PAID FOR PARTICIPATION?**

You will not be paid for participating in this study.

WILL IT COST ME ANYTHING TO PARTICIPATE?

There is no cost to you for taking part in this study.

**WHO SHOULD I CALL WITH QUESTIONS OR PROBLEMS?**

If you have technical problems completing the survey, please email fsse@indiana.edu. If you have questions about the study, please contact Allison BrckaLorenz by email (cpr@indiana.edu). For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Subjects Office at 800-696-2949 or at [irb@iu.edu](http://irb@iu.edu/).

**CAN I WITHDRAW FROM THE STUDY?**

If you decide to participate in this study, you can change your mind and decide to leave the study at any time in the future. The study team will help you withdraw from the study safely. If you decide to withdraw, email fsse@indiana.edu

**PARTICIPANT’S CONSENT**

In consideration of all of the above, I give my consent to participate in this research study by completing the survey instrument. I can download a copy of this informed consent document to keep for my records. I agree to take part in this study.