

Project Title: Teacher professional learning needs across career stages

Investigator(s): **Add names of investigators**

**Project Overview:**

Participation in this research project is voluntary and is being done by (**add names of investigators**) to understand teachers' professional learning needs across career stages.

Your participation will take about 45 to 60 minutes to complete an in-person, audio recorded interview. There is a minimal privacy risk in case of a data breach. There may be minor discomfort when answering questions about your experiences teaching and seeking professional development. You may choose to skip questions if they cause you discomfort. There are no direct benefits to you as the participant. Findings from this research may offer recommendations to better support teachers in their professional learning throughout their careers.

If you would like to take part in this research, West Chester University requires that you agree and sign this consent form.

You may ask (**add names of investigators**) any questions to help you understand this study. If you don't want to be a part of this study, it won't affect any services from West Chester University. If you choose to be a part of this study, you have the right to change your mind and stop being a part of the study at any time.

**1. What is the purpose of this study?**

The purpose of the study is to understand teachers' professional learning needs across career stages.

**2. If you decide to be a part of this study, you will be asked to do the following:**

Complete an audio recorded interview (45 to 60 minutes)

This study will take 45 to 60 minutes of your time.

**3. Are there any experimental medical treatments?**

No

**4. Is there any risk to me?**

Possible risks or sources of discomfort include:

- a. There is a minor privacy risks if a data breach occurred.
- b. There is a minor risk of discomfort answering interview questions.

If you experience discomfort, you have the right to skip questions or withdraw at any time. If you withdraw from the study, there will be no penalty and data you have provided will be destroyed.

### 5. Is there any benefit to me?

There is no direct benefit to you as a participant.

Findings from this research may offer recommendations to better support teachers in their professional learning throughout their careers.

### 6. How will you protect my privacy?

Your records will be private. Only **(add names of investigators)** and the IRB will have access to your name and responses.

Your name will not be used in any reports.

Records will be stored:

- Audio of interviews will be recorded with participant permission and stored on **(add names of investigator)** audio recording device until transcribed.
- Audio files will then be deleted, and transcriptions will be saved on the researcher's password-protected computer.
- Consent forms will be scanned and stored on **(add names of investigator)** password protected computer.

Records will be destroyed: three years after study completion

### 7. Do I get paid to take part in this study?

No

### 8. Who do I contact in case of research related injury?

For any questions with this study, contact:

Primary Investigator: (add names of investigator)

### 9. What will you do with my Identifiable Information?

Your information will not be used or distributed for future research studies.

For any questions about your rights in this research study, contact the ORSP at 610-436-3557.

I have read this form and I understand the statements in this form. I know that if I am uncomfortable with this study, I can stop at any time. I know that it is not possible to know all possible risks in a study, and I think that reasonable safety measures have been taken to decrease any risk. My signature below indicates my consent to serve as a research participant.

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Name

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Signature

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Date