



**UNIVERSITY OF PRISHTINA
"HASAN PRISHTINA"
FACULTY OF EDUCATION**

Str. Agim Ramadani, Faculty of Education, 10 000 Prishtinë, Republic of Kosovo
Tel: +383 38 229 201 • E-mail: edukimi@uni-pr.edu • edukimi.uni-pr.edu

INFORMATION ABOUT BEING IN A RESEARCH STUDY

Institution: _____

Research Title

“ _____ ”

You are being invited to be in a research study by _____. (include short info about the researcher). Below you will find answers to some of the questions that you may have.

KEY INFORMATION ABOUT THE RESEARCH STUDY

Voluntary Consent: _____ is inviting you to volunteer for a research study. The study he/she is conducting has been approved by the _____

You may choose not to take part and you may choose to stop taking part at any time. You will not be punished in any way if you decide not to be in the study or to stop taking part in the study. If you choose to stop taking part in this study, the information you have already provided will be used in a confidential manner.

Participation is voluntary and the only alternative is to not participate.

Study Purpose: The purpose of this research is to _____

Activities and Procedures: Your part in the study will be to fill in _____ with a pen and pencil, each taking around _____ minutes of your time. The questionnaires are comprised mainly of closed questions, requiring you to circle the answer that reflects your opinion most accurately.

Participation Time: It will take you about ___ minutes fill in the questionnaire.

Risks and Discomforts: We do not predict of any risks or discomforts to you in this research study.

Possible Benefits: There will be no direct benefits from the study for you individually. However, by filling out this questionnaire you will help the researchers understand better how _____.

You may feel good about being able to share your ideas. This information will help us to better understand how the situation of

PROTECTION OF PRIVACY AND CONFIDENTIALITY

All data collected will be processed by _____ only and stored in a locked and secured office at the _____. The data will be then entered into a statistical package on a password protected personal computer, stored in a locked and secured office at the _____ and only the co-investigator will have access to the data. Once the study is completed the original questionnaires will be destroyed.

Identifiable information collected during the study will be removed and the de-identified information will not be used or distributed for future research studies.

The results of this study may be published in scientific journals, professional publications, or educational presentations; however, no personal information regarding the participants will be disclosed at any time.

We might be required to share the information we collect from you with _____. If this happens, the information would only be used to find out if we ran this study properly and protected your rights in the study.

CONTACT INFORMATION

If you have any questions or concerns about your rights in this research study, please contact _____

CONSENT

By signing this consent form, you indicate that you have read the information written above, are at least 18 years of age, have been allowed to ask any questions, and you are voluntarily choosing to take part in this research. You do not give up any legal rights by taking part in this research study.

Participant's signature: _____ Date: _____

Print name: _____

A copy of this form will be given to you.



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CHILD RESEARCH ADDENDUM

Faculty of Education University of Prishtina

Protocol no	
Research title	
Researcher (name and signature)	

Category of Research Involving Children: Research activities with children are permitted in the following four categories. Please place a check in the box beside the **ONE** category that best represents this research study and answer the accompanying questions, then proceed to question 2.

Research Category 1: Research not involving greater than minimal risk

Research Category 2: Research involving greater than minimal risk but presenting the prospect of direct benefit to the individual subjects

a. Is the risk justified by the anticipated benefit to the subjects?

Yes No

b. Is the relation of the anticipated benefit to the risk at least as favorable to the subjects as that presented by available alternative approaches?

Yes No

Research Category 3: Research involving greater than minimal risk and no prospect of direct benefit to individual subjects, but likely to yield generalizable knowledge about the subject's disorder or condition

a. Does the risk represent a minor increase over minimal risk?

Yes No

b. Does the intervention or procedure present experiences to subjects that are reasonably commensurate with those inherent in their actual or expected medical, dental, psychological, social, or educational situations?

Yes No



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- c. Is the intervention or procedure likely to yield generalizable knowledge about the subjects' disorder or condition which is of vital importance for the understanding or amelioration of the subjects' disorder or condition?¹

Yes No

- d. **Research Category 4:** Research not otherwise approvable which presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of children

Child Assent

- a. Do you plan to obtain assent from **all children ages seven (7) and older** who are participants in your research? (No formal assent procedure is required for children under the age of seven.)

Yes No

2. Parental Permission:

Please note that permission of one parent is sufficient for research to be conducted under Research Categories 1 or 2, above. However, both parents must give their permission when research is conducted under Research Categories 3 or 4, above, (unless one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child).

A parent / guardian is an individual who is authorized under applicable state or local laws to consent on behalf of a child to general medical care.

Do you plan to obtain parental permission from **parents / guardians of all children** who are participants in your research?

Yes No

¹ In Kosovo, a child is an individual less than 18 years of age, unless the individual is legally emancipated. If the research will be conducted outside Kosovo, the applicable law of the jurisdiction in which the research will be conducted will determine who is defined as a child.



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The Committee may waive the requirement for the investigator to obtain parental permission from parents / guardians of child participants in research if it finds that one of the following sets of criteria is met. Please check **ONE** box below to indicate which set of criteria is met by this study, then explain in the accompanying table how your study meets the criteria listed

Criteria for Waiver of Parental Permission	How is this criterion met within this study?
The research involves no more than minimal risk to child subjects.	
The waiver will not adversely affect the rights and welfare of the child subjects.	
The research could not be carried out practicably without the waiver.	
Whenever appropriate, the parents / guardians will be provided with additional pertinent	



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Ethical Board Review Application

Office use only	Protocol Number:
Approved: <input type="checkbox"/> Expedited: category _____	Approval date: _____
<input type="checkbox"/> Full Board Review	Completion date: _____

1. PhD candidate:	
Name:	E-mail:
Department:	Phone:

2. Enter research title: XXX

3. Research Personnel: Will other individuals assist with recruiting, obtaining informed consent, data collection or data analysis? Yes No (if Yes, who: _____)

4. Study Purpose: Describe the purpose and goals of the research.

Description: XXX

5. Benefits and Sharing of Results: Describe the potential benefit(s) to the participants and/or society that may be reasonably expected as a result from this study.

Description: XXX

Describe how research results will be shared (e.g., academic publication, evaluation report to funder, conference presentation)?

Description: XXX

6. Research Timeline: Anticipated start date: XXX Anticipated completion date: XXX

7. Funding: Is the research funded? Yes No

a. Enter funding source (Do not use acronyms): _____

b. Enter name of researcher on award: _____

8. Research Sites: Will research activities occur in Kosovo? Yes No Enter site location(s): XXX



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9. Review Categories: Select **one or more of the categories** below that appear to be applicable to your research.

<input type="checkbox"/>	1. Collection of data through
<input type="checkbox"/>	2. Research involving materials (data, documents, records, or specimens) that have been collected or will be collected solely for research purposes
<input type="checkbox"/>	3. Collection of data from voice, video, digital, or image recordings made for research purposes.
<input type="checkbox"/>	4. Research on individual or group characteristics, behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior), or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.



2. Study Population

a. Enter projected number of participants that will be enrolled in the study: **XXX**

b. Identify the group(s) **specifically targeted** for the study (check all that apply).

Students

Faculty/staff

Teachers/Educators

Minors, including wards of the state, or any other agency, institution, or entity (complete and attach [Child Research Addendum](#))

Professional/ Support staff

Individuals with intellectual disabilities

Individuals with impaired decision-making capacity

Individuals economically or educationally disadvantaged

Other-describe: _____



3. Recruitment Procedures

- a. Describe how potential participants will be identified and contacted: XXX
- b. Are there any inclusion or exclusion criteria for participation?
Yes No
If YES, describe criteria to determine eligibility: XXX

4. Participant Incentives

- a. Will participants receive any incentive or compensation for participating in the study? Yes No
- b. Are there any conditions for receiving incentives (i.e., have to complete all research activities, answer attention check questions correctly)? Yes No

If YES, describe conditions: XXX

- c. Check all that apply and provide requested information for each incentive.

- Course/extra credit for students
- Gift(s) - describe gift(s) [include value and when gift(s) will be given]: _____
- Monetary incentive(s): Indicate value of incentive: ____

5. Informed Consent from Adult Participants:

- a. Do you plan to obtain informed consent from ALL of your adult research participants and/or legally authorized representatives for adult participants with diminished capacity/ for children?
No Yes

If not, describe why: XXX

If yes, a list of consent elements is given below. Indicate which of these elements you will not include in your consent document(s) or procedures.

List of Elements of Informed Consent	
<input type="checkbox"/> participation involves research purposes of the research	<input type="checkbox"/> maintenance of confidentiality
<input type="checkbox"/> duration of participation	<input type="checkbox"/> for more than minimal risk research,
<input type="checkbox"/> procedures to be followed	<input type="checkbox"/> compensation/treatment available in case of injury
<input type="checkbox"/> identification of experimental procedures	<input type="checkbox"/> voluntariness of participation
<input type="checkbox"/> foreseeable risks/discomforts	<input type="checkbox"/> no penalty for refusal to participate or withdraw
<input type="checkbox"/> benefits to participant or others	<input type="checkbox"/> disposition of data already collected, upon
<input type="checkbox"/> appropriate alternatives	<input type="checkbox"/> withdrawal of participant
<input type="checkbox"/> advantageous to participant	<input type="checkbox"/> contact for questions about research or participants' rights



6. Research Methods and Procedures

- a. What data will you collect or devices/equipment will be used in the research? Check all that may apply **AND attach** copy of data collection instruments/tools (i.e., surveys, interview questions), photos of devices/equipment (i.e., eye tracker, activity trackers) and screenshots of mobile apps or computer programs.

- | | |
|---|---|
| <input type="checkbox"/> Surveys/Questionnaires | <input type="checkbox"/> Individual interview |
| <input type="checkbox"/> Focus group | <input type="checkbox"/> Observation |
| <input type="checkbox"/> Student educational records | <input type="checkbox"/> Protected Health Information |
| <input type="checkbox"/> Digital data (i.e., computer, cell phone, other equipment/devices)-describe: _____ | <input type="checkbox"/> Other, describe: _____ |

- b. Will you audio/video record or photograph participants? No Yes

If YES, check all that may apply: Audio Video Photographs

If YES, will you use audio, video, or photographs in presentations, publications, and/or training materials? No Yes

- c. Describe the informed consent process, include who will obtain consent from all participants, when, and how this will be done. If participants are not competent to consent for themselves, then describe procedures for obtaining consent from legally authorized representative.

Description: XXX

- d. Describe your data collection methods and procedures. Describe how data will be collected, what information will be collected from participants and what sessions will be audio/video recorded and/or photographed.

Description: XXX

- e. What is the total time (hours, minutes, days) that each participant will spend in the entire study, include follow-up sessions?

Description: XXX

- f. Describe all potential risks (before protective measures are put into place). Risks may include possible loss of confidentiality, physical, psychological, social, legal or other risks connected with the proposed procedures.

Description: XXX

- g. Describe the procedures to protect against or minimize potential risks.

Description: XXX



7. Data Management Plan:

- a. Describe your management plan for storing and securing identifiable data, protecting the privacy of participants and maintaining confidentiality of data.

Description: XXX.

8. Conflict of Interest Statement/Financial Disclosure:

Could the results of the study provide an actual or potential financial gain to you, a member of your family, or any of the co-investigators, or give the appearance of a potential conflict of interest (COI)?

No.

Yes; describe: XXX

9. PI Signature:

I understand that failure to adhere to any of these guidelines may result in immediate suspension or termination of the research.

Signature of Principal Investigator

Date