REQUEST FOR YOUR PARTICPATION IN RESEARCH

CSU Course Redesign with Technology Sustaining Success:
Assessing Redesign Effectiveness

Professor Katherine Chilton, Department of History
Professor Laura Guardino, Department of History

PURPOSE
The project you are being asked to participate in is designed to find out how history professors at CSU campuses can be more effective in teaching history survey courses. We are interested in your ideas about what it means to study history, your personal background, and specific things we can do to make your experience in general education classes more meaningful. This study has been approved by the SJSU Institutional Review Board.

PROCEDURES
The survey and document analysis exercise will take approximately 30 minutes of class time to complete. You will complete the survey and exercise online, using your laptop or class Ipad. As well as the survey today, you will complete a similar survey at the end of the semester to compare the results. The document analysis exercise is purely for purpose of exploring student skills before and after the course and will not be used to calculate your final grade in any way.

POTENTIAL RISKS
You will be given a unique code that you will need to keep safe that will connect your responses to both surveys. The information you provide will never be connected with your name or your identity in any way. If you choose to be a part of this study, our team requests that you allow us to use the results of your survey and your final grades to better understand if the redesigned course does or does not improve the overall quality of student work and student learning in a GE history course.

POTENTIAL BENEFITS
As well as being used to improve redesign efforts in this course, a summary of the information we gather will be shared with history professors at all of the CSU campuses in an effort to improve General Education history courses for CSU students and to improve student success in these courses.

COMPENSATION
Your participation is voluntary. Your decision to participate or not participate will have no influence over your grade in this class.

CONFIDENTIALITY
All survey responses, consent forms and grades will be kept confidential, and only the statisticians calculating the results will have access to the codes that connect responses, names, and student grades.
PARTICIPANT RIGHTS
Your participation in this study is completely voluntary. You can refuse to participate in the entire study or any part of the study without any negative effect on your relations with San Jose State University. You also have the right to skip any question you do not wish to answer. This consent form is not a contract. It is a written explanation of what will happen during the study if you decide to participate. You will not waive any rights if you choose not to participate, and there is no penalty for stopping your participation in the study.

QUESTIONS OR PROBLEMS
You are encouraged to ask questions at any time during this study.

- For further information about the study, please contact Katherine Chilton or Laura Guardino at Katherine.chilton@sjsu.edu or laura.guardino@sjsu.edu
- Complaints about the research may be presented to Glen Gendzel, Chair, Department of History.
- For questions about participants' rights or if you feel you have been harmed in any way by your participation in this study, please contact Dr. Pamela Stacks, Associate Vice President of the Office of Research, San Jose State University, at 408-924-2479.

SIGNATURES
Your signature indicates that you voluntarily agree to be a part of the study, that the details of the study have been explained to you, that you have been given time to read this document, and that your questions have been answered. You will receive a copy of this consent form for your records.

Participant Signature

____________________________________________________
Participant’s Name (printed)   Participant’s Signature   Date

Researcher Statement
I certify that the participant has been given adequate time to learn about the study and ask questions. It is my opinion that the participant understands his/her rights and the purpose, risks, benefits, and procedures of the research and has voluntarily agreed to participate.

____________________________________________________
Signature of Person Obtaining Informed Consent   Date

CODE: ___________ - ___________ - ___________ - ___________
HIST  15A Section number, year of birth, last four numbers of student ID