



Grand Canyon University
College of Doctoral Studies
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INFORMED CONSENT FORM

INTRODUCTION

The title of this research study is, “Advocacy Descriptions of Rural Fathers of Children with Autism”.

I am Daniel K. Montgomery, a doctoral student under the supervision of Dr. Shad Morrow in the College of Doctoral Studies at Grand Canyon University. The purpose of this study is to describe how fathers of children with ASD describe their parental advocacy and responses to their advocacy from special educators in rural school districts of the mid-western United States.

KEY INFORMATION

This document defines the terms and conditions for consenting to participate in this research study.

- **How do I know if I can be in this study?**
 - You can participate in this study if you:
 - Are a father, stepfather, or male-legal guardian.
 - You have a child diagnosed with autism.
 - You have a child with autism who attends a rural school in grades pre-k through 12th.
 - You have a child with autism who attends a rural school in the mid-western United States.
 - You are willing to answer personal questions not related to this research such as marital status, number of children, race, income, religious preference, number of children with ASD, age of children with ASD, number of household adults, does your child have an IEP, have you attended a parent training for parents of children with ASD, and do you know your child’s educational team.
 - You cannot participate in this study if you:
 - Are not a father, stepfather, or male-legal guardian.
 - You do not have a child diagnosed with autism.
 - You do not have a child with autism who attends a rural school in grades pre-k through 12th.
 - You do not have a child with autism who attends a rural school in the mid-western United States.
 - You are not willing to answer personal questions not related to this research such as marital status, number of children, race, income, religious preference, number of children with ASD, age of children with ASD, number of household adults, does your child have an IEP, have

you attended a parent training for parents of children with ASD, and do you know your child's educational team.

- **What am I being asked to do?** If you agree to be in this study, you will be asked to:
 - **What:** Return one signed consent form to the researcher by email to dmontgomer7@my.gcu.edu. Complete a set of online questions.
 - **When:** The researcher will notify you regarding date and time.
 - **Where:** Zoom Video Conference
 - **How:** Participate in a Zoom interview that may take 45 – 60 minutes or a Zoom focus group that may take 60-90 minutes.

Audiotaping: The researcher would like to record the audio of your Zoom interview or Zoom focus group.

I would like to use a voice recorder to record your responses. You cannot still participate if you do not wish to be recorded. Because this tape will contain your voice, these extra steps will be taken:

- A study number will be assigned to protect privacy.
 - All audio recordings will be kept in a secure hard drive.
 - All paper copies of interviews will be kept secure in Daniel K. Montgomery's home office for three years and destroyed at the end of this time.
 - All data and audio files will be kept for three years in a secure home office of Daniel K. Montgomery and destroyed at that time.
 - All questions will be asked in a caring and respectful manner.
- **Who will have access to my information?** Myself, and my dissertation committee. Participation is voluntary. However, you can leave the study at any time, even if you have not finished, without any penalty or loss of benefits to which you are otherwise entitled. If you decide to stop participation, you may do so by: stating your wish to not continue. If so, I will not use the information I gathered from you.
 - **Any possible risks or discomforts?** There are no known risks.
 - **Any paid compensation for my time?** Each father participating in this study will receive a \$15.00 Amazon gift card. An additional \$15.00 Amazon gift card will be given to fathers who participate in both the interview and focus group. The gift card will be emailed to the participant following their participation.
 - **How will my information and/or identity be protected?** All information obtained in this study is confidential. Daniel K. Montgomery will keep your information in a secure location, in which no name identifiers will be provided. All data will be kept for 3 years after the end of this study and will be deleted and destroyed.

PRESENTATION OF INFORMATION COLLECTED

The research results will be published as a thesis. The study results may be used in reports, lectures, and publications, but you will not be identified.

PRIVACY AND DATA SECURITY

- **Will researchers ever be able to link my data/responses back to me?** No.
- **Will my data include information that can identify me (names, addresses, etc.)?** No.
- **Will researchers assign my data/responses a research ID code to use instead of my name?** A study number will be assigned to each participant.
 - **If yes, will researchers create a list to link names with their research ID codes?** No.
 - **If yes, how will researchers secure the link of names and research ID codes? How long will the link be kept? Who has access? Approximate destroy date?** N/A.
- **How will my data be protected (electronic and hardcopy)? Where? How long? Who will have access? Approximate destroy or de-identification date?** All study records will be protected in a secure hard drive. All paper copies of transcripts will be kept in a secure file for three years and destroyed at the end of this time. Only the researcher will have access. All data files will be kept for three years in a secure home office of the researcher and be destroyed at that time.
- **Where and how will the signed consent forms be secured?** Signed consent forms will be kept in a secure hard drive that is apart from the one used for data.

FUTURE RESEARCH

Once identifiers (name, address, etc.) are removed from these data collected for this study, the de-identified information could be used for future research studies or distributed to other investigators for future research studies without additional informed consent from you or your legally authorized representative.

STUDY CONTACTS

Any questions you have concerning the research study or your participation in the study, before or after your consent, will be answered by Daniel K. Montgomery, dmontgomer7@my.gcu.edu, and 417-770-3750.

If you have questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the College of Doctoral Studies at IRB@gcu.edu; (602) 639-7804.

VOLUNTARY CONSENT

PARTICIPANT'S RIGHTS

- You have been given an opportunity to read and discuss the informed consent and ask questions about this study;
- You have been given enough time to consider whether or not you want to participate;
- You have read and understand the terms and conditions and agree to take part in this research study;
- You understand your participation is voluntary and that you may stop participation at any time without penalty.

Your signature means that you understand your rights listed above and agree to participate in this study

Signature of Participant or Legally Authorized Representative

Date

INVESTIGATOR'S STATEMENT

"I certify that I have explained to the above individual the nature and purpose, the potential benefits and possible risks associated with participation in this research study, have answered any questions that have been raised, and have witnessed the above signature. These elements of Informed Consent conform to the Assurance given by Grand Canyon University to the Office for Human Research Protections to protect the rights of human subjects. I have provided (offered) you a copy of this signed consent document."

(Your signature indicates that you have ensured the participant has read, understood, and has had the opportunity to ask questions regarding their participation.)

Signature of Investigator _____

Date _____