# Letter of Consent

# Community of Practice Evaluation (SABER)-Young Adults (18 and over)

## Introduction or Purpose

The National Federation of the Blind (NFB) is interested in exploring how those who have participated in Engineering Quotient (EQ) as part of the overall SABER program become connected and engage with a community of practice that serves and supports blind young adults like you. Dr. Gary Timko with the Center for Research and Evaluation (CRE) at the Center of Science and Industry (COSI) will be leading this evaluation. Please carefully read the following information and ask any questions if you agree to participate. You may contact me (Dr. Gary Timko) directly at [gtimko@cosi.org](mailto:gtimko@cosi.org) or 614 397-4701.

## Procedures

If you agree to participate in this study, I (Dr. Gary Timko) will be contacting you by email or telephone using contact information provided by NFB to schedule a time that is most convenient for you to participate in a 20-minute telephone interview. I will be asking you to talk about the ways since you attended NFB’s EQ and EQcon convention that you have connected with persons and organizations that have helped you and provided support as a blind young adult. I will send you the specific interview questions a week before your scheduled telephone interview for review.

It is important for you to know that your participation with this interview is completely voluntary. Anytime before, during, or after the interview you can choose not to answer any question or no longer be a part of this evaluation. Your participation and all your responses to the interview questions will remain confidential. With your permission, I would like to digitally record our conversation for the exclusive purpose of being accurate with my interview notes. I will be the only person who has access to the recording, and once I have recorded my notes I will erase the digital recording. While I may use specific quotes in my reporting of the findings, your name will not be used.

## Cost/Compensation

There will be no cost to you to participate in this study and you will not be compensated.

## Confidentiality

We will try to keep all information collected in this study as confidential as possible. Your identity will not be revealed in any publications, presentations, or reports resulting from this work. Your consent form will be kept as an electronic file for three years after the evaluation study is complete, and then it will be destroyed. It is unlikely, but possible, that others including regulatory agencies, COSI, the National Science Foundation, Institutional Review Board (IRB), the National Federation of the Blind may require us to share the information you give us from the study to ensure that the research was conducted safely and appropriately. We will only share your information if law or policy requires us to do so.

## Findings & Future Participation

If I (Dr. Gary Timko) learn anything new during the course of this evaluation study that might affect your willingness to continue participation, you will be contacted about those findings. This might include changes in procedures, changes in the risks or benefits of participation, or any new alternatives to participation that the researchers learn about.

## Questions

## If you have questions about the research study itself or would like to offer input about the study, please contact the Lead Evaluator, Dr. Gary Timko, at 614-397-4701 or gtimko@cosi.org. If you have questions about your rights as an evaluation participant or would simply like to speak with someone other than Dr. Timko about questions or concerns, please contact the IRB Ethical and Independent Review Services (E&I), at 800-472-3241 or by email at [subject@eandireview.com](mailto:subject@eandireview.com). Reference E&I study 17112.

## Informed Consent

By typing your name below and checking the box, you indicate you will participate in this evaluation study and admit that you have read this consent document. You indicate that you have read the risks and benefits of participation, and that you know what you will be asked to do. You also agree that you have asked any questions you might have, and are clear on how to stop your participation in the study if you choose to do so. Please be sure to retain a copy of this form for your records.

Check this box indicating you have read this letter of consent

Participant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This evaluation study will involve digitally recording your interview for purposes of data accuracy. Chick this box if you choose to not be digitally recorded.

**Once you sign this consent form, please send it back to me at gtimko@cosi.org.**