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**STUDY TITLE**

**(This letter typically accompanies a questionnaire in which the results are anonymous.)**

Date

Dear \_\_\_\_\_\_\_\_\_\_ (Subject, Participant):

I am a student under the direction of Professor \_\_\_\_\_\_\_\_\_\_ at the International Institute for Restorative Practices.

I am conducting a research study to (State purpose of study). I am inviting your participation, which will involve (Include the expected duration of the subject's participation and what their participation will entail).

Your participation in this study is voluntary. You can skip questions if you wish. If you choose not to participate or to withdraw from the study at any time, there will be no penalty, (for example, it will not affect your grade). If applicable, include a statement about age, such as: “You must be 18 or older to participate in this study.”

(Describe any benefits to participation for the individual or others, such as: Your responses to the survey will be used to… or: Although there is no benefit to you, possible benefits of your participation are...) There are no foreseeable risks or discomforts to your participation.

(Please describe measures to protect confidentiality. "Confidentiality will be maintained" is not acceptable.) Your responses will be anonymous OR confidential. The results of this study may be used in reports, presentations, or publications, but your name will not be known/used (whichever applies). If applicable, results will only be shared in the aggregate form.

If you have any questions concerning this research study, please contact the research team at: (provide contact information for the Primary Investigator and Co-Investigator). If you have any 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 IIRP Institutional Review Board, through the IIRP office, at 610-807-9221.

Return of the questionnaire will be considered your consent to participate.

Sincerely,

(Researcher’s Name)