

CONSENT FORM

A Phenomenological Investigation of the Post-Secondary Educational Experiences
of Students with Asperger Syndrome

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*The research project described in this consent form was approved by the Liberty University Institutional Review Board on **March 2, 2018** with the approval number: **3033.030218**.*

You are invited to be in a research study about college students with Asperger syndrome (AS) and high-functioning autism disorder (HFAD). The research project seeks to better understand the experiences of college students with AS and HFAD through interviews, written responses, and other documents. You were selected as a possible participant because you: 1) have been diagnosed with either AS or HFAD; 2) are currently attending or have attended a post-secondary school in the southeastern United States; 3) indicated a willingness to participate in an interview; and 4) are willing to share other information that expresses your experience as a college student with AS or HFAD. Please read this form and ask any questions you may have before agreeing to be in the study.

Douglas B. Thompson, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

Background Information: The purpose of this study is to answer the question: “How do students with AS and HFAD, who are enrolled in post-secondary education, or have been enrolled in the past, describe their educational experiences in post-secondary educational programs?”

Procedures: If you agree to be in this study, I would ask you to do the following things:

1. Provide written responses to some questions about the different choices you have made about your education and the experiences you have had while enrolled in college. You will have 2 weeks to answer the questions and return them. However, it should take you no longer than 60 minutes to answer the questions. The responses you give will be studied and included in the findings for the research project.
2. Provide answers to specific interview questions. The responses can be typed-out and emailed to the researcher. The answers you give will be included in the findings for the study. I will also take some notes based on the responses that may help me accurately recall what you share.
3. Provide any other documents or physical evidence that may help explain the experiences that you have had as a student. That evidence could include, but is not limited to, education records, your own work, pictures, recordings, or anything else that you think could be used to help better understand you as a college student.

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. It should be understood, however, that the researcher is a

mandatory reporter for the state of South Carolina and is required to report any information related to child neglect or abuse that may arise during the study.

Benefits: Participants should not expect to receive a direct benefit from taking part in this study. However, there could be benefits to society.

Benefits to society include information that could help society to better understand adults with AS and/or HFAD. Sharing the experiences of persons with AS and/or HFAD could lead to a better understanding of those persons and how to better serve their needs.

Compensation: Participants will not be compensated for participating in this study.

Confidentiality: The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a participant. Research records will be stored securely, and only the researcher will have access to the records. No one else will have access to the records. I may share the data I collect from you for use in future research studies or with other researchers; if I share the data that I collect about you, I will remove any information that could identify you, if applicable, before I share the data.

This means that the information that you share is confidential. Although I will be able to determine which participants provided specific information, I will not disclose participant identities or how named or identifiable individuals responded. The records for this study will be kept confidential.

All participant data will be stored using pseudonyms chosen by each participant when they complete the writing prompt. The pseudonym chosen by each participant will be used during the interview, while analyzing the data, and when reporting the data. Interviews will be conducted in a location and a method that is agreed upon by the participant. In the case of a face-to-face interview, a private location will be one where other people cannot easily enter, hear, or intrude upon the interview without first requesting access. Other interview methods could include Skype communication, digital messaging, or any other platform where interview-like responses could be shared.

After three years, all electronic records will be deleted.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or the school in which you are currently enrolled. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Contacts and Questions: The researcher conducting this study is Douglas B. Thompson. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at (864) 872-5666 or dbthompson2.liberty.edu@gmail.com. You may also contact the researcher's faculty advisor, Barbara Jordan-White, Ph.D. at bawhite2@liberty.edu

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 1887, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

Signature of Participant Date

Signature of Investigator Date