
Institutional Review Board

Debriefing Template

2009

UNIVERSITY OF ARKANSAS – FORT SMITH

Title of Research Project

APPENDIX D: Debriefing Form

Debriefing Form SAMPLE

Thank you for participating in this study. Please read all of the following information.

The purpose of the [*Title of the Study as it appears on the consent form*] study is to *better understand* _____.

Please remember that your individual responses will remain anonymous and that the data will be examined on a grouped basis only. Your informed consent form, which contains your name, will be kept separate from the answers that you gave on the questionnaires. The student investigator to whom you have given your responses will deliver all consent forms to the Principal Investigator for this study, *Name of the PI in the Department of ****, who will keep all consent forms in a locked file to which only he/she will have access.

If you have any questions about this study, if you should experience any negative feelings as a result of participating in this study or if you are interested in knowing the results of this study, please contact *Name of the PI in the Department of ****, at the *University of Arkansas-Fort Smith*, (phone: ***-***-****, fax ***-***-****). If you should have any concerns that *Name of the PI* is not able to address, you may also contact the *University of Arkansas-Fort Smith* Counseling Center located in *** Bldg., Room 3rd floor (phone: ***-***-****, fax ***-***-****).

Again, your cooperation and participation are greatly appreciated.