



Educational Psychology
Division of Theoretical and
Behavioral Foundations
College of Education
Detroit, MI 48202
Phone: (313) 577-1614
Fax: (313) 577-5235

Dear Participant:

As part of our university training program in School and Community Psychology, our graduate students are currently enrolled in a Behavioral Psychology course. As part of this course, they are required to complete a project in which they use behavioral psychology strategies to assist an individual in learning new skills, overcoming bad habits, or otherwise developing new behaviors.

Nobody other than the participant, the graduate student, and me, the graduate student's supervisor at WSU, will be involved in conversation about your progress. All information is confidential except in cases mandated by law (child abuse, homicidal ideation, suicidal ideation).

Attached is a consent form. Please sign and return if you are willing to allow us to try to help you in your personal behavior change goals. Please call me if you have any questions or concerns.

Sincerely,

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INFORMED CONSENT FORM

I understand that _____ (student) is a graduate student at Wayne State University and that as a part of his/her training in the School and Community Psychology program, it is required that he/she complete a project in which he/she assist an individual in making a behavior change. Nobody other than me (participant), the graduate student, and the graduate student’s supervisor at WSU will be involved in conversation about my progress. I understand that all information is confidential except in cases mandated by law (child abuse, homicidal ideation, suicidal ideation).

I, _____ (participant), acknowledge that I understand the above and I approve of this graduate student assisting me in making a behavior change. It is understood that this involvement is entirely voluntary and can be terminated at any time. I understand that this consultation is being conducted by a graduate student in training, and I knowingly consent to participation.

 (Signature of Client or Parent if Client is under 18)

 (Signature of Student)

 (Date)