

Informed Consent Form for Behavioral Observation Studies

Study Title

Researcher(s)

Institution

Introduction

Purpose of the Study

Procedures

Voluntary Participation

Risks and Benefits

Confidentiality

Contact Information

If you have any questions about the study, please contact:

Consent

☐ I have read and understood the information provided above. I voluntarily agree to participate in this study.

Participant's Name

Signature

Date

Researcher's Name

Signature

Date