

## Sample Consent Forms

### Focus Groups Attended by Persons With Intellectual Disabilities

Thank you for agreeing to meet with \_\_\_\_\_ and \_\_\_\_\_  
(staff) from \_\_\_\_\_ (agency). We will ask questions about making services  
better for crime victims with disabilities in \_\_\_\_\_ (city, state). Please read  
and, if you agree, sign this form below.

1. I will be meeting with a small group of other people.
2. \_\_\_\_\_ (agency) will make reasonable accommodations to allow me to participate in this focus group if I ask.
3. What we talk about today will be used by \_\_\_\_\_ (agency) to help make its services better for persons with disabilities who are hurt by other people.
4. Someone will take notes during our meeting. The notes will not include my name or say who I am. What I say will not be shared with other people outside of this project.
5. During this meeting, people may say things about what happened to them that may upset me.
6. I do not have to answer any question I do not want to. If I want to leave, I can. I do not have to say why I want to leave. I understand that I can ask for help from staff in arranging transportation.

7. This meeting is not for counseling. If I want to talk after the meeting, someone can meet with me. I can also call \_\_\_\_\_ if I need help after the meeting.
  
8. To keep my privacy and other people's privacy, I will **not** talk about what people shared about their lives in the meeting with anybody else afterward, even with people close to me.
  
9. I understand that if I share information about abuse that is happening to me or to someone else, the focus group leader may need to report this abuse to \_\_\_\_\_.

**I have read and I understand this information. I agree to participate in this focus group. If I think of anything else I would like to add after my meeting, I am free to contact \_\_\_\_\_ (agency) staff.**

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**Signature/Date**

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**Print Name**

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**Witness Signature**

**Note to staff: If the person indicated consent verbally, please note that here:**

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