**ASSENT TO BE IN A RESEARCH STUDY**

**(for children 14-17 years of age)  
*Title of Study***

**Name and title of Researcher:**

Department/Room Number:

Telephone Number:

Email:

**Study Location(s):**

**PURPOSE OF STUDY**

The purpose of this research study is to *(complete this sentence. Example: “explore attitudes of first-generation Americans regarding education.”*

*DO NOT INCLUDE YOUR HYPOTHESIS ON THIS FORM.*

**SUBJECTS**

***Inclusion Requirements***

You are eligible to participate in this study if you *(complete this sentence or use a bulleted list of inclusion criteria). Examples include, “are at least 18 years of age or older,” “have been clinically diagnosed with depression.”*

**PROCEDURES**

The following procedures will occur: *(Explain the research procedures in chronological order; include the expected duration of each procedure(s) to be completed at the visit. You may provide a visit schedule to assist the participant.)*

**RISKS AND DISCOMFORTS**

The possible risks and/or discomforts associated with the procedures described in this study. Please note that no study is truly “no risk” and the lowest category is minimal. *(For example,* *risks are minimal and no greater than those encountered in everyday life. Make sure to consider all risks – psychological, social, economic, legal and physical.)*

**BENEFITS**

The possible benefits you may experience from the procedures described in this study include *(complete this sentence). Example: a better attention span. [If no direct benefit to the subject is anticipated, delete the above statement and insert –* You will not directly benefit from participation in this study.]

**VOLUNTARY PARTICIPATION STATEMENT**

Participation in this study is voluntary. You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled.

***SIGNATURES***

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| Your signature documents your permission to take part in this research.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Signature of participant* *Date***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Printed name of participant***  I certify that the nature and purpose, the potential benefits and possible risks associated with participation in this research study have been explained to the above individual and that any questions about this information have been answered. A copy of this document will be given to the subject.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Signature of researcher Date***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Printed name of researcher*** |