## ASSENT FORM FOR RESEARCH (13 - 17 Years Old)

**Title of Research Study**: Insert Title of Research Study

**Lead Researcher Name*:*** Insert Name of Principal Investigator

*[If student-led research, include. Otherwise delete]* **Faculty Advisor Name*:*** Insert Name of Faculty Advisor

**Why are we talking to you today?**

We want to talk to you about being in a research study. A research study is a way to learn more about something. Our team is doing a research study to learn more about \_\_\_\_\_\_\_\_.

**Why did you ask me to be a part of this research study?**

We are asking you to be part of this research study because \_\_\_\_\_\_\_\_.

**Do I have to take part in this research study?**

No. You do not have to be in this research study if you do not want to be. You can tell us whether you want to be part of this research study. If you say yes and decide to stop taking part later, that is okay too.

**What do I have to do as part of this research study?**

If you say yes to taking part in this research study, you will describe procedures in a simple manner.

**How will this research help me or other people?**

Insert a simple description of the benefits

**Will anything bad happen if I decide to take part in this research study?**

Insert a simple description of the risks

**How will my information be protected?**

We will try our best to keep your information private, but we cannot be guarantee it. Personal information that can identify you will be stored separate from your research data **OR** completely destroyed. De-identified data may be **OR** will not be used for future research

**What if I have questions?**

You can contact the research team with questions or issues anytime at insert principal investigator name and contact information. If you have any questions now, we can answer them.

*[If you are waiving assent signature include the following statement and remove the “assent signature” content below. Otherwise delete the following statements if you are obtaining participant signature and keep the “assent signature” content.]*  You do not need to sign this form. By continuing in this research study, you are showing that you agree to be part of it.￼￼

**Assent Signature**

Signing below means I am saying yes to participate in this research study. I also understand that I can change my mind later if I do not want to participate any longer and I can reach out to the research team anytime with questions or issues related to this research study.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Printed Name

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Child’s Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name of Person Obtaining Assent

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Person Obtaining Assent Date