**CHILD ASSENT FORM**

**13 -17 years old**

This form provides you important information about the research study you are being asked to participate in. Please read it carefully! When you are finished you should know what the research study is about, what you will be asked to do and what are the likely risks and benefits. If you agree to participate, you will be asked to sign this form. A copy of the form should be given to you.

***[TITLE OF RESEARCH STUDY]***

**PURPOSE OF STUDY:**

We are conducting a research study about [*enter purpose of study in lay terms*]. A research study is a way for scientists to learn more about people and their behaviors. In order to do this, scientists need volunteers to participate in their research. You are being asked to volunteer because [*enter reason for participation*]

**RESEARCH PROCEDURES:**

If you decide to participate, you will be asked to [*enter procedures in simple terms, if there is more than one study procedure include them as bulleted items*]. It should take you [*enter length of participation and if several phases break them down*] to complete the study.

**RISKS AND/OR DISCOMFORTS:**

You should know that there is a possibility the study procedures may [*enter risks here e.g. make you angry, sad, nervous, uncomfortable etc.*] It is possible you may feel [*bored, inconvenienced, etc.*]

**BENEFITS**:

We do not know if this study will help you, personally.

-or-

We think this study may benefit you. A benefit is when something good happens to you as a result of your participation. We think these benefits might be [*enter benefits of study*].

We may learn something that will help other teens with [*insert topic of investigator*] some day.

**ALTERNATIVES:**

You have the option to [*enter alternative procedure e.g. attend the school writing workshop without participating in the study.*]

You have the option of not participating in the study.

**PRIVACY AND CONFIDENTIALITY:**

The information that is collected in this research study will be kept private and confidential. This means that we will do our best to not let anyone see or hear the information you give to us while you participate or after. We will protect your information by [*enter details of how participants’ privacy and confidentiality will be protected*].

**COMPENSATION**:

To compensate you for the time you spend in the research study, we will give you [*please describe any monetary or other compensation. Include details like when it will be disseminated and whether it is prorated.*]

-or-

You will not receive anything for participating in the study.

**RIGHT TO WITHDRAW:**

It is your choice to take part in this study. You do not have to be in this research study if you do not want to. You can say yes now and change your mind later. No one will be mad at you. Even if your parents give permission for you to participate, you can still say no. If we think it is best for you not to be in the research study, we may take you out of the study.

**CONTACT INFORMATION**:

We are happy to answer any questions you have about the study now or later. If you want to contact the researchers you may call [*enter name of PI or contact information for research assistant*].

If you have any questions about your rights as a volunteer in this research study, you can call Suffolk University’s Institutional Review Board. The IRB is a group of people who ensure the rights and welfare of research participants are protected. You can call or email them at 617-725-4169 or [irb@suffolk.edu](mailto:irb@suffolk.edu).

**PARTICIPANT CONSENT:**

You can take your time in deciding if you want to participate. If you sign below it means you agree to participate. It also means that you have read this document, understand what it means and the researchers have answered all of your questions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Assent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Person Obtaining Assent

IRB

APPROVAL

STAMP HERE