 **Assent Form**

**[This is a *sample* assent form for use with minors. Researchers may make edits according to the needs of the specific protocol and should adjust language for appropriate age-level understanding, if necessary. Complete all highlighted information, then delete highlighting and this statement.]**

My name is **[NAME]**, and I am a [**TITLE**]at Seattle University. I’m working on a research study called **[PROJECT TITLE]** because I want to know more about **[briefly explain the nature of your project in language appropriate for your population]**. Because you are a **[reason for this population]**, I would like your help, if you want to participate.

If you participate in this study, you will be asked to **[in basic language appropriate for the population, describe the specific tasks, as well as time involved]**.

There aren’t any dangers involved in participating in this study. You might feel **[bored, nervous, whatever is appropriate, if applicable, to anything they might experience during the study]** if **[when this might occur]**.

I will not give you any money or prizes to participate in this study, but what I learn might help to **[explain any individual or societal benefits in simple terms]**.

I will be writing down your name **[if applicable, if not, then delete]** and **[other identifiers? Demographics?]** when I do this study. No one but me will see this information. **[If not true, explain in simple terms who else will have access to the data.]** I will keep it all **[safely in a computer with a password or locked in a file in my office]**. If I write a paper about this information, your name or any other information directly related to you will not be in it. I will not tell anyone else about anything you say or do in this study unless I learn that you plan to hurt yourself or someone else.

I am asking your parent or guardian’s permission for you to participate in this study. But you get to decide whether you want to be involved. If you decide to participate, you can stop at any time, and no one will be upset with you. You also won’t get in trouble with your teachers or anyone at school if you decide to stop.

If you want to find out what I learn in this study, you or your parent can contact me at **[list your phone number and email address]**.

If you understand everything that I have written or said and would like to be part of this study, please sign your name below, and write the date. If you start to do this study and become worried about anything, you can call Dr. Michael Spinetta, Chair of the Seattle University Institutional Review Board at (206) 296-2585.

**Participant's Signature Date**

**Researcher's Signature Date**