**Assent to Participate in a Research Study**

**Title of Study**

[If applicable, designate sub-group after study title, e.g. “13 – 17 year olds.”]

My name is \_\_\_\_\_\_\_\_\_\_, and I am a [professor/clinician] at Edward Via College of Osteopathic Medicine (VCOM), \_\_\_\_\_\_\_\_ Campus. I am doing a research study. I'd like to tell you about this study and ask if you will take part (be a "subject") in it.

**What is a research study?**

A research study is when people like me collect a lot of information about a certain thing to find out more about it. Before you decide if you want to be in this study, it’s important for you to understand why we’re doing the research and what’s involved.

Please read this form carefully. You can discuss it with your parents or anyone else. If you have questions about this research, just ask me.

**Why are we doing this study?**

[Explain study purpose in brief, simple terms. Note that it is different from school work.]

We are doing this study to find out [e.g., if math materials using computer animation can help middle school and high school students learn math more easily.] This study is not part of your school work, and you won't get grades on it.

**Why are we talking to you about this study?**

[Give brief explanation of why the individual is being asked to participate in study, e.g.:

We're asking about \_\_\_ adolescents if they would like to participate. We’re inviting you to take part because [e.g., you are this age and you go to a school where we’re doing the study].

**What will happen if you are in this study?**

[List all study procedures/activities in chronological order, using bulleted format. Indicate location where procedures will take place and amount of time needed for each procedure. Also note total amount of time required for study participation. See examples below.]

If you agree to be in the study and your parents give permission, we will ask you to:

* Answer a questionnaire

You will be asked to complete a questionnaire on the computer about math and the way that you study for your math classes]. This part will take about \_\_\_ [minutes/hours].

You can take a short break before the next part if you want to.

* Be interviewed (maybe)

We will choose a random sample (not everyone) of the students who agree to be in the study. (A random sample is like pulling numbers out of a hat or flipping a coin to decide.) We will ask these students to also participate in an interview with me or one of our researchers. If you are chosen and want to be interviewed, one of the researchers will meet with you [after school]. This will be at a place that you and your parents decide is convenient (such as a private room at school or at your home).

We will ask you questions about the way you study and learn, and audiotape (record what we're saying) if you give your permission. If you say it's okay about the taping but feel uncomfortable or change your mind, we can turn off the tape recorder or stop the interview at any time. Just let us know.

The interview will take about \_\_\_ [minutes/hours].

* Let us videotape you in your math class

If you agree, we will videotape during your regular math class once or twice a week for 3 weeks. We won't interrupt the class.

Total time: The questionnaire will take about \_\_\_ [minutes/hours] of your time. If you have an interview, the whole study will take about \_\_\_ [minutes/hours]. The videotaping will be done during your regular math class, so it won't take any extra time.

[Study location: Note where study procedures will take place if not already specified above.]

**If you don’t want to be in the study, what can you do instead?**

[Include this section if research intervention occurs during regular school hours. In such cases, an alternate, supervised activity (taking the same amount of time and approximate effort) must be available for children who do not wish to participate in the study, or when parental permission is not given. The alternate activity should be worked out ahead of time with the classroom teacher. This should be conveyed in the form, e.g.:

If you don’t want to be in the study, your teacher will give you a different activity to work on for the parts of the study during school hours. [Insert brief description of alternate activity.] It will take about the same amount of time as the research activity.

**Are there any benefits to being in the study?**

[Explain possible benefits of the study, both direct/individual (if there are no direct benefits, make this clear), and indirect/general benefits to society or scientific knowledge, e.g.:]

There is no benefit to you personally for taking part in this study. But we hope that the results of the research will [help improve ways of learning math on a computer for students in the future].

**Are there any risks or discomforts to being in the study?**

[List possible risks/discomforts, using bulleted format. See examples below.]

* You might get bored or tired and decide that you don’t want to finish the study activities or the interview. If so, just tell us that you want to stop.
* A possible risk for any research is that people outside the study might get hold of confidential study information. We will do everything we can to make sure that doesn't happen.

**Who will know about your study participation?**

[This section should adapt guidance under VII. Extent of Anonymity and Confidentiality in the VCOM Informed Consent Template. For example:]

Besides you and your parents [insert others, if applicable], the researchers are the only ones who will know the details of your study participation. If we publish reports or give talks about this research, we will only discuss group results. We will not use your name or any other personal information that would identify you.

To help protect confidentiality,… [explain security measures to be taken in simple terms, e.g.:] we will give your study data a code number, and keep it in a file with a password that only the researchers know. The file will be on a computer that only the researchers are allowed to use.

[If data/records will be destroyed, state when; if they will be retained, explain for how long and why, e.g.:] We plan to keep this information for \_\_\_ years, in case we or other researchers want to use it later for other studies. But we will follow the same steps we just described to keep it as confidential as possible.

**Will you get paid for being in the study?**

[If no payment:] You will not be paid for being in this study. [Or if payment:] Your parents [or, depending on the arrangements, You] will receive [e.g., amount of money, gift cards with their value] as a thank-you for your time and effort to take part in this study. [Briefly explain how/ when compensation will be dispersed, etc.]

**Do you have to be in the study?**

No, you don’t. Research is something you do only if you want to. No one will get mad at you if you don’t want to be in the study. And whether you decide to participate or not, either way will have no effect on your grades at school.

**Do you have any questions?**

You can contact us if you have questions about the study, or if you decide you don’t want to be in the study any more. You can talk to me, or your parents, or someone else at any time during the study. My phone number is [PI/Student Investigator’s name and number], or you can call [other research team/lab member’s name and number].

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Assent of Adolescent**

If you decide to participate, and your parents agree, we'll give you a copy of this form to keep for future reference.

If you would like to be in this research study, please sign your name on the line below.

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

Child's Name/Signature (printed or written by child)\* Date

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

Signature of Investigator/Person Obtaining Assent Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

\*If verbal assent only is being obtained:

Investigator or Person Conducting Assent Discussion: Initial here if child cannot sign, to document that child received this information and gave assent verbally: \_\_\_\_\_\_