DEPAUW UNIVERSITY

GREENCASTLE, IN

INSTITUTIONAL REVIEW BOARD

ASSENT TO PARTICIPATE IN A RESEARCH STUDY

(AGES 13-17 YEARS)

We are from DePauw University and we are asking you to be in a research study. We do research studies to learn more about how the world works and why people act the way they do. In this study, we want to learn about [topic of study.]

**What we are asking you to do:**

We would like to ask you to [describe study procedures, such as take a X minute math quiz and complete a X minute survey for math class today]. On the survey, you can skip any question if it makes you uncomfortable.

**Do I have to be in this study?**

You do not have to participate in this study. It is up to you. You can say no now or you can even change your mind later. No one will be upset with you if you decide not to be in this study.

Your grades and your relationship with your school, teachers and classmates will not be affected if you choose to not participate in the study or if you choose to stop participating at any point. If you do not participate, you can work quietly at your desk during the [quizzes and surveys in your math class]. You will not miss any instructional class time by opting out.

**Will being in this study hurt or help me in any way?**

Being in this study will bring you no harm. There are no direct benefits to you for participating in this study. It will hopefully help us learn more about [study topic].

**What will you do with information about me?**

We will be very careful to keep your answers to the [quizzes and survey questions] private. Before and after the study we will keep all information we collect about you locked up and password protected.

If you want to stop doing the study, contact [name of research team member] at [phone number] or [email address]. If you choose to stop before we are finished, any answers you already gave will be destroyed. There is no penalty for stopping. If you decide that you don’t want your materials in the study but you already turned them in, just let [member of research team] know.

**If you have questions about the study, contact:**

Insert contact information for the research team here

**If you have questions about your rights in the study, contact:**

 Institutional Review Board

DePauw University

Phone number: (765) 658-5021

Email address: www.irb@depauw.edu

**Agreement:**

By signing this form, I agree to be in the research study described above.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please print*

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

*You will receive a copy of this signed form*