

Student Research Participant Assent Form

Study Title:

Researcher's Name:

Introduction

You are being asked to take part in a research study. Please read this form so you can decide whether you would like to participate. If you have questions, you can ask your parent(s)/guardian(s), your teacher, or the researcher.

Why is this study being done?

What will I be asked to do?

Are there any risks or discomforts?

Are there any benefits?

Is participation voluntary?

You do not have to participate in this study. If you choose to participate, you may stop at any time. No one will

be upset with you if you decide not to participate or if you withdraw later.

Who can I ask if I have questions?

Assent

By signing below, you agree that:

- I have read (or been read) this form.
- I had the chance to ask questions.
- I want to participate in this study.

Student Name/Signature:

Date:

Researcher's Signature:

Date: