

**SAMPLE ASSENT FORM FOR USE BY INVESTIGATORS**

Name of Study:

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I understand that I have been asked to participate in a study about\_\_\_\_\_

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\_\_\_\_\_. I will be asked to\_\_\_\_\_

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\_\_\_\_\_, which will take about\_\_\_\_\_minutes.

I understand that I do not have to participate. If I do participate, I can quit at any time. I also understand that I do not have to answer any questions I don't want to answer or do anything I don't want to do.

My parents, teachers, or anyone else will not know what I have said or done in the study. No one but the researcher will know.

This study is being done by\_\_\_\_\_ (Name of researcher)

at St. Joseph's College. His/her phone number is\_\_\_\_\_.

If I have any questions or concerns about the study, I can call and ask him/her about them.

When I sign my name, this means that I agree to participate in the study and that all of my questions have been answered. I have also been given a copy of this form.

Name\_\_\_\_\_ Signature\_\_\_\_\_

Name of Witness \_\_\_\_\_

Witness Signature\_\_\_\_\_ Date\_\_\_\_\_