



Office of Academic Research
Institutional Review Board
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(561) 803-2463

Research Project Assent Form (for Children between 15 &17 Years Old)

(Form Assent15.17)

Study Title: *[Title as listed on IRB application]*

Researchers: *List names and contact information of investigators and co-investigators*

My name is *(insert the name of the person who will approach the child during the assent process)*. I am from Palm Beach Atlantic University. I and the other people listed at the top of this form are inviting you to take part in a research study. Your parent(s) know we are talking with you about the study, but it is completely up to you to decide if you want to be in the study. This form will tell you about the study to help you decide whether or not you want to take part in it.

Why is this study being done?

The purpose of the study is to help us learn more about *(topic or very brief description of the purpose of the study in age-appropriate language; ideally should not be above the 8th or 9th grade reading level)*.

You are being asked to take part because *(include a reason why the subject is being asked to participate (e.g., you are a high school student or you are a member of a support group for families of persons with a chronic illness)*.

You cannot take part in this study if *(list the exclusion criteria -- e.g., you are under 18, are taking anti-depressants, you are involved in any other research study at this time, your beliefs preclude your participation, etc.)*.

What am I being asked to do?

If you decide to be in the study, we will ask you to *(describe what the teen will be asked to do in language that is appropriate to his or her age and maturity level)*.

Provide a complete description of procedures, including:

- *Each specific step involved and the chronological order of steps or events.*
- *The estimated amount of time each step or event will take, and the total time involved.*
- *A description of the surveys, questionnaires, and interviews and include examples of the most personal or sensitive information you will be seeking.*
- *A clear explanation that the teen do not have to answer any question they do not want to answer on any test, survey, questionnaire, or interview.*
- *A description of the use of medical, academic, and/or other records.*
- *An explanation of any results that will be provided to the teen or any other person or institutions.*

If digital audio and/or video recording is to be part of the study, explain that here and let the teen know that you will not record them without their permission.

What are the benefits to me for taking part in the study?

Describe potential benefits to the teen, if any and those to society.

Example: If you take part in this study, you might learn how to make nutritious snacks you like and ways to become more physically fit.

Note: *Do not include financial compensation, course credit, or other forms of incentive as benefits of being in the project. This information belongs in the section on costs or payments.*

Are there any risks to me if I am in this study?

The potential risks of taking part in this study are:

- *In addition to physical risks, discomforts, or stress, describe any other risks, such as economic, social, employment, reputation psychological, or loss of confidentiality or sensitive information.*
- *Include risks associated with sensitive questions -- for example, distress or discomfort.*
- *If applicable, include risks of reporting illegal or reportable behavior (abuse or intent to harm).*

Describe the precautions that are being taken to minimize risks and steps that will be taken if risks occur. If applicable, discuss the availability of referrals, counseling, or other services, such as suicide counseling.

Note: *Where possible, please do not state that there are no risks or that risks “should be minimal.”*

Will my information be kept private?

(If applicable) The data for this study are anonymous. Neither the researcher(s) nor anyone else will know which data is yours.

[or]

The data for this study will be kept private and confidential to the extent allowed by federal and state law. Under rare circumstances your data you may be reviewed by Palm Beach Atlantic University officials or people from the organization or agency that funded the study.

- *If data are coded and a key maintained separately, inform the participant of the process.*
- *Explain how you will maintain the participant’s privacy throughout the study (e.g., private conversations, interaction with other participants)*
- *If applicable, discuss required reporting (e.g., potential suicide, thoughts of homicide, child abuse).*
- *Describe where data will be stored and how it will be protected.*
- *Describe who will have access to the data, including:*
 - *All researchers and research staff*
 - *Institutional Review Board (IRB)*
 - *Sponsors, agencies, schools*

Inform participants if voice, video, digital or image recordings will be made of them, and indicated if this is required to be in the study. If not required, a separate check box must be included with the signature at the end of the form.

When we tell other people or write articles about what we learned in the study, we will not include your name or that of anyone else who took part in the study.

The data for this study will be kept for ___ years *(a minimum of 3 years after the completion of the study is required by Palm Beach Atlantic University).*

Are there any costs or payments for being in this study?

There will be no costs to you for taking part in this study.

(If applicable) You will receive _____ for taking part in this study. If you decide to stop taking part in the study you will receive _____. *(Explain the method or schedule for each payment.)*

[or]

You will not receive money or any other form of compensation for taking part in this study.

What are my rights as a research study volunteer?

Your participation in this research study is completely voluntary. You do not have to be a part of this study if you do not want to be. There will be no penalty to you if you choose not to take part and no one will be upset or angry with you. You may choose not to answer any questions you do not want to answer, and you can change your mind and not be in the study at any time.

Whom can I talk to if I have questions?

If you have questions at any time, you can ask the researchers and you can talk to your parent about the study. We will give you a copy of this form to keep. If you want to ask us questions about the study, call or email:

(name of contact person) *(local phone number and email address)*

The Palm Beach Atlantic University Institutional Review Board has reviewed this study to make sure that the rights and safety of people who take part in the study are full protected, including their rights to privacy. If you have questions about your rights in the study, or you are unhappy about something that happens to you in the study, you can contact them at (561) 803-2463 or david_compton@pba.edu.

What does my signature on this consent form mean?

Your signature on this form means that:

- You understand the information given to you in this form.
- You have been able to ask the researcher questions and state any concerns you have (or may have).
- The researcher has answered all of your questions and any concerns you have.
- You believe you understand the research study and the potential benefits and risks that are involved.

Statement of Consent

I give my voluntary consent to take part in this study. I will be given a copy of this consent document for my records.

Signature of Participant

Date

Printed Name of Participant

Statement of Person Obtaining Informed Consent

I have carefully explained to the person taking part in the study what he or she can expect.

I certify that when this person signs this form, to the best of my knowledge, he or she understands the purpose, procedures, potential benefits, and potential risks of participation.

I also certify that he or she:

- Speaks the language used to explain this research.
- Reads well enough to understand this form or, if not, this person is able to hear and understand when the form is read to him or her.
- Does not have any problems that could make it hard to understand what it means to take part in this research.

Name of parent who gave consent for
child to participate

Date

Signature of Person Obtaining Consent

Date