Version 5.28.19

**UNIVERSITY OF NEW ENGLAND**

**ASSENT TO PARTICIPATE IN RESEARCH**

**Project Title:**

**Principal Investigator(s):**

**Introduction:**

* We are conducting a research study. Your parent or guardian has said that you can take part if you want to. You don’t have to take part if you don’t want to.
* Please read this form. If you like, the form can be read to you. This form gives you information about the study. If you decide to be in the study, this form will also show that you made that choice.

* Please ask any questions that you want about this study. You can ask them, now, during the study or once it is complete.
* Take as much time as you need to decide whether or not you want to be in the study. Remember, it’s your choice to be in the study, you don’t have to be in it.

**Why is this research study being done?**

**Who will be in this study?**

**What will I be asked to do?**

**Are there any risks from taking part in this study?**

**Will being in this study help me?**

**What will it cost me?**

**How will my privacy be protected?**

**How will my information be kept safe?**

**What are my rights if I decide to be in the study?**

* Whether you are in study is up to you. You can choose to take part, or not to take part. Whatever you choose is fine, and won’t help or hurt your current or future relationship with the University or the people doing the study.
* Your choice whether or not to take part will not affect your relationship with      .
* You can skip or decide not to answer any question for any reason.
* If you don’t want to take part in the study, nothing bad will happen. You will not lose any benefits that you are otherwise entitled to receive.
* You can change your mind and stop being in study at any time, for any reason.
	+ If you do stop being in the study, nothing bad will happen. You will not lose any benefits that you are otherwise entitled to receive.
* We will tell you if we learn anything important that may make you change your mind about being in the study.
* If you get hurt while being in this study, we may take you out of the study.

**What other options do I have?**

* You may choose not to be in the study.

**Whom may I contact with questions?**

* The researchers conducting this study are
	+ For more information regarding this study, please contact
* If you take part in this study and think you may have been hurt by the study, please contact
* If you have any questions or concerns about your rights while taking part in this, you may call Mary Bachman DeSilva, Sc.D., Chair of the UNE Institutional Review Board at (207) 221-4567 or irb@une.edu.

**Will I receive a copy of this assent form?**

* You will be given a copy of this assent form.

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

## Participant’s Statement

**I understand what this study is for, and I understand that my parent or guardian has said I can be in the study if I want to. I also understand it is my choice, and I don’t have to be in the study if I don’t want to. I do want to be in the study.**

Participant’s signature Date

Printed name

## Researcher’s Statement

**The participant named above had sufficient time to consider the information, had an opportunity to ask questions, and voluntarily agreed to be in this study.**

Researcher’s signature Date

Printed name