**INFORMED ASSENT FORM for minors 8-17 years of age**

My name is [BLANK], and I am a student at Shippensburg University of Pennsylvania. I am conducting a study to...[succinctly fill this in]

1. I am asking you to participate in this research because…[succinctly fill this in].
2. During this study, you will be doing…[succinctly fill this in].
3. **Risks**: [Outline them]. Typically: “The study has no obvious risks associated with it, and there are no special treatments provided to participants.”

A statement should be provided to participants about how to access resources, if applicable.

However, if you need to talk to someone during or after participating in this study, please contact your School Counselor [or an appropriate mental health resource; provide contact info].

1. **Benefits**: This study may help you by [succinctly fill this in]. If there are no benefits, say so.
2. **Time**: You will spend X amount of time over the next [days/weeks/months] to participate.
3. **Protecting you**: Here’s how I plan to make sure other people can’t identify you in this study’s data: [succinctly fill this in without unnecessary detail].
4. **Rewards**: State whether participants receive anything for participating in the study. If they do not, state they receive nothing for participation.
5. **Contact information**: List your name and Ship email address, your research advisor’s name and email address, and the name of the current IRB Chair and email address.
6. **Rights**:
7. You do not have to participate if you do not wish to.
8. Your parent/guardian will be contacted to grant your permission to take part in the study, and your participation can only happen if your parent/legal guardian says it is ok.
9. If you agree to participate, you may withdraw at any time even if your parent or legal guardian said it was OK.
10. You may ask the researcher questions during the study if you are confused.
11. You are not required to answer any specific questions that are a part of this study.
12. **Please sign this form only if you:**
13. understand what you will be doing for this study.
14. have had your questions answered.
15. have talked to your parent(s)/legal guardian about this project, and he/she/they approve of your participation in it, but do not REQUIRE you to participate in it.
16. agree to take part in this research.

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Your name (student-participant who is 8-17 years of age)

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Your parent/legal guardian’s name

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Your signature (student-participant who is 8-17 years of age) Date