**DIRECTIONS**

**9th – 12th Grade Assent Form**

*This document is an example. There are various ways to set up this document. This is just one example for you to use.*

* Read the assent form and adapt the text according to your research.
  + Adapt **ORANGE TEXT** to fit your research.
  + Choose the appropriate statement in **GREEN TEXT** that applies to your research. Delete the other statement not being used.
  + Choose the appropriate **BLUE TEXT** option. Delete the other option not being used.
  + Deletethe **RED TEXT** from the consent form.
* Format the document to un-bold the text and change the font color to black.
* A parent or legal guardian consent form is required when minors are participating in research.
* Notice that this template is to provide guidance on how to create a minor assent form. Due to the varying age groups this form will be adapted to accommodate such age groups.

**ASSENT FORM**

**{Title of your study}**

**What is this research studying?**

This research will help us learn how **{briefly describe the purpose of your study.}**

**What would I do if I participate?**

In this study, you will be asked to **{describe what their participation entails in this study.} {If you are providing an incentive/compensation to the participant provide the following: a description of the incentive/compensation; any restrictions or requirements for participant compensation, if it is a drawing the odds of winning, and the time frame of when the participant will receive the incentive/compensation.}**

**How long will participation take?**

The study will **{amount of time}** of your time.

**How will I benefit from participating?**

**{CHOOSE ONE OPTION: There are no direct benefits OR You will receive (Enter benefit)}** for your participation. We appreciate your time and effort with this research study.

**What are the risks of participating in this research?**

**{CHOOSE ONE OPTION: There are no anticipated risks in participating in this research. OR The risks associated with this research are (Enter risk(s)).**

**Can I quit if I become uncomfortable?**

You can skip parts of the research you are not comfortable with and stop at any time. You will keep all the benefits of participating even if you stop. Participating is your choice.

**How are you protecting privacy?**

Your name will not be linked to any papers or presentations.

**What will happen to my data?**

**Researchers may use your data for future research.**

**or**

**We will destroy your data after the research is complete.**

**I have some questions about this study. Who can I ask?**

The study is being run by **{TTU PI’s Name and Co-Investigator’s Name}** from the Department **Department’s Name** at Texas Tech University. If you have questions, you can call **{him/her}** at **{XXX-XXX-XXXX}**.

Texas Tech University also has a Board that protects the rights of people who participate in research. You can contact them at 806-742-2064 or hrpp@ttu.edu.

Minor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_