

## CHILD INFORMED ASSENT FORM

*Title of the Study goes here*

**Purpose of this Research [expected duration and description of the procedure(s)-do not include this statement in your submission]:** I/we am/are doing a study to figure out why some kids don't do well in school, and how to help those kids better. We are asking you to take part in the research study because your teacher recommended you for this project. For this research, we will ask you some questions about how you feel about school, and how you get along with your classmates. This will take about 30 minutes of your time.

**Eligibility:** To be in this study, you must be under the age of 18 and your parent or guardian must give their permission for you to participate in the study by signing the Parental Consent Form.

**Risks or discomforts:** We don't think that any big problems will happen to you as part of the study, but you might feel sad when we ask about bad things that happen at school. You also might be upset if other kids see your answers, but we will try to keep other kids from seeing what you write.

**Benefits:** You can feel good about helping us to make things better for other kids who might have problems at their school.

**Confidentiality of records:** We will keep all your answers private, and will not show them to your teacher or parents(s)/guardian. Only people from Embry-Riddle working on the study will see them. We will not use any of your answers for any other research.

**Compensation:** You will receive a small gift for helping us with this research. Even if you begin to answer some questions and decide you no longer want to answer them, you will still receive the gift.

**Contact:** You can ask any questions you have, now or later. If you think of a question later, you or your parents can contact Joe Student, [joe.student@erau.edu](mailto:joe.student@erau.edu), or the faculty member overseeing this project, Dr. I. Oversee, [Isaac.oversee@erau.edu](mailto:Isaac.oversee@erau.edu). For any concerns or questions in taking part in this research, contact the Institutional Review Board (IRB) at 386-226-7179 or via email [teri.gabriel@erau.edu](mailto:teri.gabriel@erau.edu).

**Voluntary Participation:** You should know that:

- You do not have to be in this study if you do not want to. You won't get into any trouble with Embry-Riddle, your teacher, your parents or the school if you say no.
- You may stop being in the study at any time. If there is a question you don't want to answer, you don't have to answer it.
- Your parent(s)/guardian(s) were asked if it is OK for you to be in this study. Even if they say it's OK, it is still your choice whether or not to take part.

**ASSENT. Sign this form only if you:**

- Have understood what you will be doing for this study.
- Have had all your questions answered.
- Have talked to your parent(s)/legal guardian about this project, and
- Agree to take part in this research.

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

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The undersigned researcher has reviewed the information in this assent form with the participant and answered any of his or her questions about the study.

Signature of Researcher \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Researcher \_\_\_\_\_