



## Institutional Review Board

### Youth Assent Form (13-17 yrs)

#### *Title of Study*

You are invited to take part in a research study to *(describe why the research is being done)*. The study is being done by *(provide name of researcher(s), including advisor's name if applicable)*.

If you agree to participate, you will *(describe what their participation will involve in chronological order; use simple language, short sentences, bulleted lists.)*

- *what procedures will be done,*
- *what they will be asked to do,*
- *when and where the research will be conducted and how much time, per session and in total, will be required of them*
- *and/or what information will be collected about/from them.*

This research may involve some risks or be uncomfortable for you; it's possible you might *(include information on any known risks or discomforts that are applicable; listing the most likely and/or most severe first.)*

*[Optional] For more than minimal risk studies, include the following statement: "It is not possible to know all potential risks in research, but the researchers have taken steps to make sure that there is only a small chance of harm to you."*

*[Optional] For any research activity involving the consumption of food/beverage or application of chemicals or other products to the skin, the following statement must be included: "If you know that you have allergies or bad reactions to (list any food, drugs, lotions, or chemicals that are applicable to the study), you should not take part in this study."*

*[If there is likely to be direct benefit to the youth you may say...] It may be good for you to take part in this research because (describe any potential direct benefits). You may be able to help others by helping the researchers (describe the project's potential contribution to society and/or generalizable knowledge). May include: "You can feel good about helping to (describe any long-term benefits to society as a whole)."*

Your parent(s)/legal guardian(s) or legal authorized representative have given their permission for you to be in the research, but it is still your choice whether or not to take part. Even if you say yes now, you can change your mind later, and stop participating by *(explain when and how the youth can withdraw from the study)*. Your decision will have no effect (bad or good) on *(describe any situation that might apply to benefits they're already entitled to.)*

*[When appropriate, include: “There are some situations where we may decide that you should leave the study; like when you are not following instructions, or if you are being harmed.”]*

We will make every effort to keep your information private; only the people helping us with the research will know your answers or see your information. Your information will be combined with information from other people in the study. When we write about the study, we will write only about this combined information, and no one will be able to know what your information is. If you want to look at the information we collect from you, just let us know, and we will provide it to you. But, you cannot look at information from others in the research.

*[If data collection is anonymous]:* The information we collect from you will not have your name with it, or any other way to tell that it came from you. No one, not even the researchers, will know it is from you.

*[If mandated reporting applies]* Sometimes we need to show your information to other people. If you tell us that you have been abused, or if we think that you might be a danger to yourself or other people, we will tell someone who can help, like the police or a doctor.

*[Include if applicable]* For your time and effort in this project, we will give you *(describe any compensation offered)*.

*[Include if applicable]* If you are injured or hurt because of this research, you should tell your parent(s)/guardian(s) to contact *(researcher’s name)* at *(phone number)*.

*[Include if costs are anticipated]* You or your parent(s)/guardian(s) or legal authorized representative might have to pay for other things, like *(describe any additional costs)* to be in this study.

*[For more than minimal risk studies, or otherwise applicable, include the following statement: “Later on, if we discover more information about this research, we will tell you about it so you can decide whether or not you want to stay in the study.” ]*

You should ask any questions you have right now, before deciding whether or not to be a part of the research. If you or your parent(s) or guardian(s) or legal authorized representative have questions later, contact us at: *(researcher’s name, phone number, or email address, and advisor or co-investigator, as applicable)*.

Your parent(s) or legal guardian will receive a copy of this form to keep.

You have rights as a research participant. For questions about your rights, or to tell someone else about a problem with this research, you can contact the MSU IRB chair, *(insert name and phone number of current IRB chair)* or email [irbchair@minotstateu.edu](mailto:irbchair@minotstateu.edu)

