

SAMPLE MINOR (AGES 14-17) ASSENT FORM
Assent is only obtained after the parent has consented.
(TITLE of STUDY)

My name is (YOUR NAME), and I am a (YOUR ROLE) at Humboldt State University (SCHOOL OR DEPARTMENT). The purpose of this research is to (DESCRIBE at sixth grade reading level).

I am interested in (SIMPLE DESCRIPTION OF STUDY OBJECTIVE). I would like you to (SIMPLE DESCRIPTION OF ACTIVITY CHILD WILL BE DOING AND FOR HOW LONG).

This research is completely voluntary. You may choose not to participate at all, or you may stop participation at any time, even after you have decided to participate.

If you have any questions about what you'll be doing, or if you can't decide whether to do it or not, just ask me if there is anything you'd like me to explain.

If you want to participate, please sign your name on the line below. Your parent(s) have already allowed you to make your own decision whether or not to participate.

Signature

Date
