

Classroom Research Assignment Research Project Assent Form

*(For participants under 18 years of age)*

The [insert department name] at Bellevue College supports the practice of protection of human participants in research. I am inviting you to take part in a research study. Your parent(s) know we are talking with you about the study, but it is up to you to decide if you want to be in the study. This form will tell you about the study to help you decide whether or not you want to take part in it.

In this study you will be asked to *[using language that is below the 8th grade reading level, insert a description of what the participant will be asked to do in the study. If media recording is to be used, explain that here and let the participant know that you won’t record them without their permission]*. Your participation in this study will require approximately *[insert the amount of time anticipated for participation]*. When this study is complete you can ask for a copy of the results, and you will be free to ask any questions.

*[Describe the potential benefits to the participant in terms they can understand. For example: Taking part in this research study may not help you in any way, but it might help us learn how to help other people your age.]*

The possible risks from taking part in this study are not expected to be any more than those you would encounter in daily living.

You will not receive any money or other reward for taking part in this study.

Your participation in this study is completely voluntary. You do not have to be a part of this study. You will not be punished in any way, and no one will be upset or angry with you if you do not participate. You may choose not to answer any questions and you can quit the study at any time. All information you share will be kept confidential and your name will not be published with any research findings.

If you have questions at any time, you can ask the researchers and you can talk to your parents about the study. If you want to ask questions about this study please feel free to contact [enter the names, phones, and emails of instructor and student]

Bellevue College wants to protect the rights and safety of people who take part in the study. If you have questions about your rights in the study or you are unhappy about something that happens to you in the study, you can call (425) 564-3152, email [irbchair@bellevuecollege.edu](mailto:irbchair@bellevuecollege.edu) or contact the IRB Chair at 3000 Landerholm Circle SE, Bellevue, WA 98007.

By signing this form you

* Understand the information given to you in this form
* Have been able to ask the research questions and state any concerns
* The researcher has answered your questions and concerns
* Believe you understand the research study and the possible benefits and risks involved.

You will get a copy of this form for you records.

Participant Information

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

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Obtaining Informed Assent Information

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

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_