**IMPORTANT INSTRUCTIONS FOR THIS FORM: BEFORE FINALIZING & PRINTING THIS DOCUMENT REMOVE THIS TEXT & ALL BLUE INSTRUCTIONAL AND EXAMPLE TEXT**

- Please follow instructions in brackets and colored text.

- Delete all instructions from this form. We will not edit formatting before approval.

- Avoid using technical language and jargon. Write your consent form in a way that will be understandable to your participants.

**Before submitting this document, please read through and edit this form to make sure text is black, size 12 font, and all parentheses, brackets, and instructional and example text have been removed.**

**California State University, Channel Islands**

**ADOLESCENT ASSENT TO BE IN A HUMAN RESEARCH PROJECT**

[for ages 13yrs to 17yrs]

**Title of Study—required (use lay language)**

We would like to invite you to participate in a research project. Participating in this project is your choice. Please read about the project below. Feel free to ask questions about anything that you do not understand before deciding if you want to participate. A person connected to the research will be around to answer your questions.

What is this project about?

[Describe the project in terms that are age-appropriate] This project is being done to find out [complete this sentence using terminology that adolescents will understand].

**What will happen if you take part in the project?**

These things will happen if you want to be in the project: [Itemize (number) the study procedures that will occur using terminology that adolescents will understand]

**How long will your part in this project last?**

**You will be in the project for [include minutes/hours, the overall length of time if applicable].**

**Who will be told the things we learn about you in this project?**

**[Describe who will have access to the data collected in simple age-appropriate language.] For example: The information we collect from you will be kept private. Only the people working on this project will be able to look at the information we collect.**

**[This statement is required if the researcher is an employee of California State University, Channel Islands, including student/research assistants] We will not tell anyone what you tell us during this study without your permission. But, if you tell us that you are in danger, or that someone is or has been hurting you, we may have to tell that to people who are responsible for protecting children. They will make sure you are safe.**

**What are the possible risks or discomforts from being in this project?**

**[Describe potential risks in simple age-appropriate language and how/who will help them if they experience discomfort].**

**What are the benefits from being in this project?**

[Specify whether or not the adolescent will benefit directly from participation. Also include the potential benefit of the project to society.] For example: You may not benefit personally from being in this project. - OR - The potential benefit to you from being in this project might be [list any direct benefits].

**What if you have questions about this project?**

You can ask questions any time. You can talk to the researchers, your family, or someone else in charge before you decide if you want to participate. If you do agree to participate, you can change your mind and end your participation without penalty. If you have questions about the study please contact a member of the research team listed on the first page of this form.

If you have any concerns or complaints about this project, or questions about your rights as a research participant, please contact: Research and Sponsored Programs, One University Drive, California State University, Chanel Islands, Camarillo, CA 93012, or call 805-437-8495 or email irb@csuci.edu.

**If you want to be in the study sign your name below.**

[If any part of the study is audio or video recorded, include a check box or signature line for consent to be audio and/or video recorded as well as a copy of the audio or video release form(s).]

For example:

\_\_\_ I agree to be audio recorded

\_\_\_ I do not wish to be audio recorded

\_\_\_ I agree to be video recorded

\_\_\_ I do not wish to be video recorded

Signature of Adolescent Age Date

Signature of Researcher Date

Signature of Individual Obtaining Assent Date

If different from researcher

**RESEARCH TEAM**

**Researcher:**

Name

[Program Name]

One University Drive

Camarillo, CA 93012

Telephone Number

Email Address

**(If researcher is a student include) Faculty Advisor:**

Name

[Program Name]

One University Drive

Camarillo, CA 93012

Telephone Number

Email Address

**Project Location(s):**