**Assent Form**

***Loyola University Maryland***

*(For written assent from minors who are 13-17 years of age;*

*Delete instructions when you are finished drafting this form)*

*(Principal Investigator Name)* is conductinga research study to learn more about *(describe the study using appropriate language for the child’s level of comprehension)*. You are being asked to participate because *(describe why they are being asked to participate)*. Your parents have already given permission for you to participate in this study if you decide you want to participate.

**What will happen to you in this research study?**

*(Describe the procedures of the study and what the child is being asked to do. Explain what will happen to them as part of the study. Describe any risks or benefits of participating; benefits can include any societal benefits.)*

**How will your name be kept private?**

*(Describe procedures to protect their identity in language appropriate for the audience.)*

**Who can you talk to about this study?**

If you have questions about this study, you can contact *(Principal Investigator)* or *(Teacher, Principal, whoever is representing the project at the school)* at any time.

**What if you do not want to do this?**

Your participation in this project is voluntary. You may stop participating at any time. If you choose not to participate it will not affect your *(grade, treatment, care, etc.)* in any way.

After reading this document, do you understand this study? Have you been given time to ask and get answers for all of your questions? If you answer yes to these questions and are willing to participate please indicate below?

* YES

Signature Date