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**Minor Assent Form**

Principal Investigator Name and Title:

Department and Institution:

Contact Information:

**[Insert Study Title]**

(DELETE BEFORE SUBMISSION: The first paragraph below is a template for the “Key Information” of informed consent added with the revision to the Common Rule, effective January 21, 2019. All consent forms are now required to start with “a concise and focused presentation of the key information that is most likely to assist a prospective subject or legally authorized representative in understanding the reasons why one might or might not want to participate in the research.” Please note that “Key Information” will vary from study to study, so this template language may not be an appropriate way to present “Key Information” for all studies.)

You are being asked to be in a research study. The purpose of this study is to [briefly insert purpose here]. We will ask you to [describe in appropriate language]. Risks related to this research include [briefly describe risks and/or reasons a person should not participate]; benefits related to this research include [briefly describe benefits]. The alternative to participating in this study is to [provide alternative procedure or treatment, if any].

Principal Investigator Name and Title:

Department and Institution:

Contact Information:

Sponsor (if applicable):

We are from Salish Kootenai College and we are asking you to be in a research study. We do research studies to learn more about how the world works and why people act the way they do. In this study, we want to learn about [topic of study.]

**What we are asking you to do:**

We would like to ask you to [describe study procedures, such as take a X minute math quiz and complete a X minute survey for math class today]. On the survey, you can skip any question if it makes you uncomfortable.

**Do I have to be in this study?**

You do not have to participate in this study. It is up to you. You can say no now or you can even change your mind later. No one will be upset with you if you decide not to be in this study.

Your grades and your relationship with [indicate school, teachers, agency, etc] if you choose to not participate in the study or if you choose to stop participating at any point. If you do not participate, you can work quietly at your desk during the [quizzes and surveys in your math class].

**Will being in this study hurt or help me in any way?**

Being in this study will bring you no harm. There are no direct benefits to you for participating in this study. It will hopefully help us learn more about [study topic].

**What will you do with information about me?**

We will be very careful to keep your answers to the [quizzes and survey questions] private. Before and after the study we will keep all information we collect about you locked up and password protected.

If you want to stop doing the study, contact [name of research team member] at [phone number] or [email address]. If you choose to stop before we are finished, any answers you already gave will be destroyed. There is no penalty for stopping. If you decide that you don’t want your materials in the study but you already turned them in, just let [member of research team] know.

**If you have questions about the study, contact:**

Insert contact information for the research team here

If you have questions about your rights in the study, contact the Salish Kootenai College IRB at (406) 275-4931.

**Agreement:**

By signing this form, I agree to be in the research study described above.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**You will receive a copy of this form.**

**Signature of Person Obtaining the Assent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**