**ROOSEVELT UNIVERSITY**

**Minor’s Assent to Participate in Research**

**Project Title:**

**Principal Investigator(s):**

**Purpose of Research:** The purpose of this research study is [indicate purpose].

**Description of Participation:** You have been invited to participate because [indicate inclusion criteria]. Your parent/guardian has informed me that they consent for your participation in this study. In other words, you have permission to be [indicate participation]. This involvement in the study may total [time period].

Although your parent/guardian has given you permission to participate, you do not have to participate if you do not feel comfortable.

Do you understand? Yes No

Do you want to be interviewed? Yes No

Do you want to be audio-recorded? Yes No

Do you want to video-recorded? Yes No

Can I re-contact you at a later date? Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Minor’s Name Minor’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator’s Signature Date