**Assent Form – Ages 15 to 17**

Institutional Review Board | Ouachita Baptist University

*This form is distributed to subjects in approved IRB studies who are ages 15 to 17.*

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| --- | --- | --- | --- | --- | --- |
| **Please read this agreement carefully before you decide to take part in the study.** | | | | | |
| **Project Title** | | | | | |
|  | | | | | |
| **Purpose of Study** | | | | | |
| The purpose of this study is… | | | | | |
| **Required Tasks in the Study** | | | | | |
| During the study, you will be asked to do the following: [list the required tasks]  [If you are going to audio or video record them while engaged in the study activities, mention it here and explain that you won’t record the participant without their parent’s permission.] | | | | | |
| **Dates of Study** | | | | | |
|  | | | | | |
| **Location of Study** | | | | | |
|  | | | | | |
| **Time Commitment** | | | | | |
| Number of Sessions |  | Time Per Session (minutes or hours) |  | Total Project Time  (hours) |  |
|  | | | | | |
| **Risks of Participation** | | | | | |
| There are minimal risks and inconveniences to participating in this study. These include: | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Benefits of Participation** | | | | |
| This study may help us understand [indicate benefits to the individual, university, and/or humanity]. | | | | |
| **Compensation** | | | | |
| [If participants are NOT compensated, indicate “You will not receive payment for participating in the study.”]  [If payment, a gift card, or credit is being offered, provide a brief explanation.] | | | | |
| **Confidentiality** | | | | |
| The information you provide in the study will be handled confidentially and may be assigned a code number. Any list connecting your name to this number will be secure. Regardless, your name will not be used in any report. Data collected from the study will be stored [explain how data will be stored]. Only [list of individuals] will have access to the data collected. The data will be retained for [number of years] after the study and will then be disposed of by [indicate disposal method]. | | | | |
| **Voluntary Participation** | | | | |
| Your participation in the study is completely voluntary. You have the right to stop participating in the study at any time. | | | | |
| **Contacts** | | | | |
| For questions and concerns about the study, contact:  [Name], Principle Researcher  [Department or Program]  Ouachita Baptist University  OBU Box [nnnn]  410 Ouachita Street  Arkadelphia, Arkansas 71998-0001  [email address]  [phone number]  [Name], Faculty Sponsor  [office phone number] | | For questions regarding your rights in this study, contact:  Dr. Lewis A. Shepherd, Jr., Chair  Institutional Review Board  shepherdl@obu.edu  Ouachita Baptist University  OBU Box 3790  410 Ouachita Street  Arkadelphia, Arkansas 71998-0001  (870) 245-5302 | | |
| **Agreement** | | | | |
| Signing below means that you have read this form and that you are willing to be in this study. | | | | |
| **Signature** |  | | **Date** |  |

*You and your parent will receive copies of this completed form.*