

Student Assent (format as single document on Judson letterhead or format after parent/guardian consent form)

****Note sample only so tailor to your specific study**

My name is (insert Researcher Name here), and I am investigating (include age-appropriate description and any recordings). I am hoping you will help me with this project. If you join this project, you will (Include age-appropriate description of procedures).

I can invite you to participate because your parent or guardian has already agreed to let you help me. However, you can decide not to participate in this project at any time. If you don't want to be in this project, you don't have to be. You may withdraw anytime from this project. If you decide not to participate in this project, you will continue to engage in classroom lessons.

Remember, having your (note audio and/or video) voice recorded is up to you, and no one will be upset if you do not want to do it. You can change your mind and stop at any time later as well.

You can ask any questions you would like to about this project. If you think of a question later, you can ask your parent, teacher, or me.

If you want to join this project, are willing to be recorded, and answer some questions about (age-appropriate procedures), check the box next to "yes." If you don't want to join this project, check the box next to "no."

Do you want to join this project?

Yes, I want to join.

☐

No, I don't want to join.

☐

Signature of Minor

Date

Signature of Researcher

Date