Informed Consent for Participation as a Subject in Training Activity
Student Assent Form: Children Ages 6-14

Introduction:
• You are being asked to do some activities to help me learn.
• You were selected to do this because you are a family member or friend.
• Please read (or have read to you) this form and ask any questions you have before you agree to help and participate in the activities.

Purpose of Study:
• The purpose of this training activity is to provide practice in testing for college students who are training to work in schools.
• Participants in this activity are school-age children from around Maine.

Description of Study Procedures:
If you agree to help, you will do following:
• Meet with me and participate in the activities; the activities will take about ______________________(enter time).

Risks to Being in Study:
• During the activities, I may feel that they are too hard for you and decide to end the activity. If this happens, I will meet with your parents and talk about why the activities were ended.
• You may have questions about the activities which I cannot answer right away. I will answer all your questions at the end of the activities.

Benefits of Being in Study:
• You will get to work with me doing a number of different activities that are like what you do in school. Many of these are fun activities, like puzzles.

Confidentiality:
• Everything I write down about you will be kept private and locked up. I will not use your name or any other information about you that could tell people who you are.

Voluntary Participation/Withdrawal:
• You can decide you want to work with me or not, but you do not have to do this. If you do not want to do this, it will not change how you are treated at school.
• You may stop working with me at anytime you want to.
• Nothing different will happen to you if you do not work with me.

Contacts and Questions:
• If you have any questions about your rights as a training activity subject, you may contact: Rachel Brown-Chidsey, Ph.D, NCSP, rachelb@maine.edu or 207-228-8322.
Statement of Consent:

I have read (or had read to me) this form. I understand what this form says and I have asked questions if I wanted to. The researchers answered the questions I had.

Student (Print Name): _____________________________ Date: ________
Student Signature: _____________________________

Witness: In my judgment, the student understands the information in this consent form and agrees to be in the study.

Witness Signature: _____________________________ Date: ________

Signatures/Dates:

Graduate Student (Print Name): _____________________________ Date: ________
Graduate Student (Signature): _____________________________

Course instructor (Print Name): _____________________________ Date: ________
Course instructor (Signature): _____________________________