Informed Consent for Participation as a Subject in Training Activity  
Student Assent Permission Form for Ages 14-17

Introduction:
• You are being asked to be in a training activity for a graduate level program in education.
• You were selected as a possible participant because you are a family member or friend.
• Please read (or have read to you) this form and ask any questions that you may have before agreeing to participate in the training activity.

Purpose of Study:
• The purpose of this training activity is to provide practice opportunities for graduate level students who are training to work in schools.
• Participants in this study are preschool and school-age children and adults from around Maine, including high school and college students who are 18 or older.

Description of Study Procedures:
If you agree to be in this study, I will ask you to do the following things:
• Arrange a time when you can meet with me for the testing session(s),
• Attend the testing session(s).
• The testing activities will take _______________________(insert time).

Risks to Being in Study:
• The study has the following risks. First, as a part of the testing, I may suspect that you have otherwise unknown or undiagnosed learning or behavior difficulties. If this happens, I will end the testing and arrange a meeting with you, your parents, and my University instructor to go over my concerns and arrange for appropriate follow-up activities.
• Second, you may experience questions or concerns about your performance on the practice tests. I will answer these for you at the end of the testing.
• Due to the training nature of the testing activity(ies) none of the results of the testing will be shared with you. They cannot be considered accurate because I am still learning how to conduct the test(s).

Benefits of Being in Study:
• The benefits of participation include providing me with the chance to learn how to administer important cognitive and/or psycho-educational tests and offering you chance to interact with a graduate student with training in human development and learning.

Confidentiality:
• The records of this training activity will be kept private. In any sort of report I submit to the course instructor, I will not include any information that will make it possible to identify you. Training records will be kept in a safe and secure location at all times. Access to the records will be limited to me and the course instructor. The training records will be destroyed at the end of the semester when the practice testing occurred.

Voluntary Participation/Withdrawal:
• Your participation is voluntary. If you choose not to participate, it will not affect your current or future relations with the University or your school.
• You are free to withdraw at any time, for whatever reason.
• There is no penalty or loss of benefits for not participating or for discontinuing your participation.
• You will be provided with any significant new findings that develop during the course of the testing session(s) that may make you decide that you want to stop participating. For example, if I feel that a learning or behavior problem may be present, I will discontinue testing and arrange to have the course instructor meet with you and your parents to discuss an appropriate course of action.
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.

Copy of Consent Form:
• You will be given a copy of this form to keep for your records and future reference.

Statement of Consent:
• I have read (or have had read to me) the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions. I give my consent to participate in this study. I have received (or will receive) a copy of this form.

Signatures/Dates:

Study Participant (Print Name) : ______________________________
Participant Signature: ______________________________ Date _____________

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

Witness signature: ______________________________ Date: _____________

Graduate Student (Print Name): ______________________________
Graduate Student (Signature): ______________________________ Date _____________

Course instructor (Print Name): ______________________________
Course instructor (Signature): ______________________________ Date _____________