



ASSENT FORM: ADOLESCENT PARTICIPANT AGES 13 THROUGH 17

{Use language appropriate for the age of intended subjects}

You are asked to help us in the project described below. Your parents or guardians have given their okay, but you get to decide if you want to be in this study or not. You may stop or quit the study at any time by telling one of us and it is okay. If you want to know more about the study, it is okay to ask questions.

Title of Study: [Click or tap here to enter text.](#)

Principal Investigator: [Click or tap here to enter text.](#)

Student Researcher: [Click or tap here to enter text.](#)

Faculty Sponsor: [Click or tap here to enter text.](#)

Purpose: [Click or tap here to enter text.](#)

Procedures: [Click or tap here to enter text.](#)

We will do everything to make sure that you do not get hurt in any way. We will be the only people who know what you say and do.

If you understand what you are being asked to do and you decide to help, please sign your name, below:

Printed Name of Assenting Adolescent: [Click or tap here to enter text.](#)

Signature of Assenting Adolescent: [Click or tap here to enter text.](#) **Date:** [Click or tap here to enter text.](#)

Printed Name of Parent or Guardian (if applicable): [Click or tap here to enter text.](#)

Signature of Parent or Guardian: [Click or tap here to enter text.](#) **Date:** [Click or tap here to enter text.](#)

Signature of Investigator: [Click or tap here to enter text.](#) **Date:** [Click or tap here to enter text.](#)

THE UNIVERSITY OF HOUSTON-CLEAR LAKE (UHCL) INSTITUTIONAL REVIEW BOARD (IRB) HAS REVIEWED AND APPROVED THIS PROJECT. ANY QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH SUBJECT MAY BE ADDRESSED TO THE UHCL IRB (281-283-3015). ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT UHCL ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT.

(FEDERALWIDE ASSURANCE # FWA00004068)