



Dear Participant,

You are being asked to be in a research study (project) called xxxx because xxxx. This studyis designed to xxxx.

**What You Will Be Asked To Do And What Will Happen In The Study**

Xxxx (describe the procedures/steps including time involved)

Add this section if filming students:

If you agree to participate in the filming of *xxxx* we will ask you to be videotaped while participating in xxxx. We will use the videos to study how the xxxx works and to show others about the program. Your name will not be in the videos.

**Keeping Your Information Confidential**

We will minimize the risk to your privacy by being sure that only the study staff and xxxx (list others) involved in the study have access to the study date/files (modify as appropriate)

There is always a very small risk that confidential data could be shared. (For example a court could require that information about the study be reviewed.) To protect your privacy we will follow all applicable federal and state laws that protect student personal and health related information (e.g., HIPAA and FERPA), including keeping appropriate physical, electronic, and procedural safeguards. Examples of this include keeping identifying information such as grades and test scores separate from the videos and photos, not using your name or identifying information on the video, keeping the information in password protected computer files, keeping the doors to the study staff offices locked and allowing only approved study members to see information with names and identifying information. All collected data for this project will be securely stored in lockable locations, secure computer files, or on computer servers accessible only to the approved and trained researchers and authorized staff. (modify as appropriate)

The Institutional Review Board (IRB), Southern California Brainspotting Institute, and accrediting agencies may inspect and copy your records, which may have your name on them. Therefore, absolute confidentiality cannot be guaranteed.

**Benefits**

Not everyone who takes part in this study will benefit. A benefit means that something good happens to you. We think these benefits might be \****description such as:*** The study may help you be more interested in school which may help your grades and test scores. Information you provide may help your school develop resources for students and teachers to xxxx. Additionally, your participation may benefit other students and schools across the country and around the world, by helping us learn more about xxxx.

**Your Right to Withdraw from the Project**

You do not have to be in this study if you do not want to be. You can say no and no one will be mad at you. If you decide to stop after we begin, that's okay too. You do not need to explain why you do not want to be in the videos. No one will be mad at you if you decide not to participate or to stop participating in the study after you start. Being in the study or not will not affect your grades or your relationships with your teachers or school. Your parents and guardians also have the right to refuse your participation in the study.

I have read or someone has read to me this assent form. My parent(s) or my legally authorized representative (if applicable) and the investigator have explained the study to me and have answered my questions.

\_\_\_\_\_\_ I agree to be in this study.

OR

\_\_\_\_\_\_ I do not agree to be in the study.

Print name:

Signature:

School:

Printed Name of Person Explaining Consent Form:

Signature of Person Explaining Consent Form:

Signature of Investigator:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign and return in the survey envelope (modify as appropriate).

You will receive a signed and dated copy of this assent to keep.