**ASSENT TO PARTICIPATE IN RESEARCH STUDY**

**Principal Investigator:** Marie Sorensen, Ph. D.

**Contact Details:**

Psychology Department

Clark University

950 Main Street

Worcester, MA

Tel: (508) xxx-xxxx

Email: MSorensen@clarku.edu

**What is this study about?** I am a teacher at Clark University, and I want to understand how advertising affects young people. I am going to do this by showing you company logos and asking you questions.

**What will you do in this study?** I will show you flashcards with company logos on them and ask you to name the company. I will also ask you questions. This will not change your grade, and no one will know your answers except me. The whole thing will take about 15 minutes to complete.

**How will my privacy be protected?** Only I will see your answers, not your teacher or anyone at school. After we look at your answers and your classmates’ answers, we might publish them in a book or magazine. Your name will not be in those books or magazines. A code number is used in place of your name. Your answers and your classmates’ answers might be discussed at meeting with people like me who want to know how advertising affects young people, but your name will never be mentioned or included. Signed forms will be stored in a locked file cabinet, separate from your answers, which will be stored on a password-protected computer.

**Could anything bad happen to me?** Nothing bad will happen to you if you decide you don’t want to take part in the study. It will not hurt your grade, and no one but me will see your answers. You do not have to answer any questions that you do not want to. Also, if you start identifying logos and decide you want to stop, you can whenever you want. Choosing to stop is perfectly fine and will not hurt your grade.

**Do I get anything from the project?** You will not get anything for participating in the study. However, if you do participate, you can help me to learn how advertising affects young people.

**What should I do if I have questions?** If you have any questions about this study, either you or someone at home can contact me. My phone number is (508) xxx-xxxx and my email address is MSorensen@clarku.edu.

**What else should I know?** If you decided you want to participate, please know that you can stop at any time. If you decide you do not wish to participate, it will not hurt your grade at school.

**SIGNATURE:** I understand what this research is about and what I am asked to do if I decide I want to participate. I know I can ask any questions that I have at any time. I also understand I can stop participating any time that I want. I am writing my name below after I have read information about the study and have agreed to be a participant. I have been given a copy of this form.

Subject Signature Date

Printed Name of Subject

Researcher Signature Date

Printed Name of Researcher

**This study has been approved by the Clark Committee for the Rights of Human Participants in Research and Training Programs (IRB).  Any questions about human rights issues should be directed to the IRB Chair, Robert Johnston (508) 751-4619 or rjohnston@clarku.edu.**

Assent to participate in research study question style.doc