Minor Assent Form

Ask as many questions as you want before you decide to be a part of this research project. You can ask questions at any time before, during, or after you help me with this project.

Date

Dear Student

You are invited to be a part of my research project entitled, “Why Middle School Students Have Higher Scores on Standardized Math Tests in Macon, Georgia, and Rochester, New York.” I am conducting this research project to determine possible reasons for higher middle school student math scores in two different schools in two different states. I am also doing this study as part of my Master of Education / Ph.D. degree program at Union Institute & University, in _____. Through this project, I will learn about what helps students in your school do well on the same tests as students in a middle school in another state.

If you want to be a part of this research project, you will be asked to talk with me about what you like about math and how you study for the standardized math tests given in your school. I will tape-record our talk, and I will give you a transcript of the tape so that you can make changes if you want. The total time you will spend on this project is about two hours. You will not be paid to work with me on this project, and your grades in school will not be affected by being in this research project or by not being in this research project.

The potential risk of loss of confidentiality is lessened through the use of code numbers. A code number instead of your name will be written onto the interview tape and the transcript of the tape. Everything that you tell me will be coded with the same code number. A possible benefit of your participation is that you may improve your study habits before taking the standardized math tests in the future. I hope to learn something about studying for standardized math tests that will help other middle school students make higher scores on the tests in the future.

If at any time you do not want to answer any more questions or quit being a part of this project, you are free to stop. You can also choose not to answer questions that you don’t want to answer. If you decide to stop, everything that you told me before you stop will be shredded and not used in the written report. Only a summary of what everyone says will be included in my report, other writings, or professional presentations about my research study.

Your name will not be used in any reports that I write about this project. No one will know what you tell me during this project. Everything will be confidential. However, if I hear about or notice signs of abuse, I am required by law to report it. Also, if you threaten serious harm to yourself or to another person, I may need to report it.
If you have any questions or do not understand anything, you can always ask me. You, your parent, or legal representative may call me, Antonio Scholar, at 555.555.1234; or you may call my faculty advisor, Dr. Alicia Warewell, at 555.555.2075.

Sincerely yours

Antonio Scholar

I have read and understand this consent form, and I understand that I will receive a copy of this form. I voluntarily choose to participate in this research study.

I understand what this research project is about and what I will be asked to do. My questions have been answered, and I agree to participate in this project. I have received a copy of this form.

Name of Participant (printed): _________________________________________________
Signature of Participant ______________________________________________________
Date  ____________________________________________________________________

Principal Researcher's Name (printed): __________________________________________
Principal Researcher's Signature: _______________________________________________
Date:  _____________________________________________________________________

Person obtaining consent, if other than principal investigator (printed):

__________________________________________________________________________
Signature:  _______________________________________________________________
Date:  _____________________________________________________________________

Please sign both copies, keep one copy, and return one copy to the researcher.

Questions about your rights as a research participant should be addressed to the Director of the Institutional Review Board at Union Institute & University, Cincinnati, Ohio, by telephone at 800.486.3116, ext. 1153, or by e-mail to irb@myunion.edu.