

# PARENT PERMISSION YOUTH ASSENT FORM



# Know Your Neuro

## STUDY TITLE: Understanding the Impact of the Know Your Neuro Youth Program

### Purpose

Your child is invited to participate in a brief survey study about the Know Your Neuro program. The purpose is to understand how the program affects students' knowledge and attitudes about brain health and substance use.

### What your child will do

If you agree, your child will complete short questionnaires before and after the program. Each survey takes about 5–10 minutes and will be done during regular program time.

### Voluntary participation

Participation is voluntary. Your decision will not affect your child's access to services, classes, or any benefits from the program. Your child may skip any question and may stop at any time.

### Anonymity and data protection

This study is anonymous. We ask that your child not write their name on the survey. There will be no records linking your child to their answers. Survey data will be kept on password-protected systems.

### Risks and benefits

The risks are minimal and mainly involve possible discomfort when answering personal questions. Your child may skip any question. Your child may not receive direct benefits, but the information may help improve prevention programs for other youth.

### Use of results and publication

De-identified, combined results from all participating youth may be used in reports, professional presentations, and publications. Individual children will never be identified.

### Questions

If you have questions about the project, contact [Name, Credentials, Organization, Email, Phone]. If you have questions about your child's rights as a research participant, contact [IRB or ethics office, if applicable].

### Parent/guardian permission

- I have read the information above.
  - I understand that participation is voluntary and that my child may stop at any time.
  - I understand that my child's responses will be anonymous.
- I give permission for my child to take part in the anonymous surveys for this study.
- I do not give permission for my child to take part in the surveys.

Child's age: \_\_\_\_\_ Parent/guardian name: \_\_\_\_\_

Signature (if required): \_\_\_\_\_ Date: \_\_\_\_\_

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# Know Your *Neuro*

## **STUDY TITLE: Understanding the Impact of the Know Your Neuro Youth Program**

### **About this survey**

You are being asked to answer some questions before and after the Know Your Neuro program. The questions ask about what you know and think about brain health and substance use.

### **What you will do**

The survey takes about 5–10 minutes. You will fill it out during program time.

### **Your choice**

Taking this survey is your choice. You can skip any question you do not want to answer, and you can stop at any time. No one will be upset if you decide not to take it.

### **Anonymous and private**

Do not write your name on the survey. We will not ask for anything that can identify you. Your answers will be put together with other students' answers and will not be shared with your parents, teachers, or other students.

### **How your answers will be used**

We will look at everyone's answers together to see how the program is working. We may share the results in reports, presentations, or articles, but no one will know which answers are yours.

### **Do you want to participate?**

If you want to take part, please continue to the next page. If you do not want to take part, you may turn in a blank survey or tell the adult leading the group you prefer not to do it.