National Child Traumatic Stress Initiative (NCTSI) Evaluation Sample Informed Consent—Youth Assent Version ***(Suggested Content and Wording)***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have talked with my parents about helping (**NCTSN center program name**). I know that they will ask me how I feel and will ask questions about me and my family. I know that I can stop helping at any time. No one will be mad at me. (**NCTSN center program name**) will not tell anyone my name or my answers. If someone is hurting me, (**NCTSN center program name**) will tell the police. Nobody will give me gifts for helping.

Yes, I will help (**NCTSN center program name**).

Name of the Child (Type or Print Full Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Child:

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the preceding and agree to the participation of my child.

(Caregiver/Guardian) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_

Caregiver’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_

**Project Name Team’s Certification**

I certify that I have explained to the above individual the nature and purpose of the project as well as the potential benefits and risks associated with participating in the project. I also have answered any questions that have been raised and witnessed the above signature.

Signature of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_