

National Child Traumatic Stress Initiative (NCTSI) Evaluation
SAMPLE 1 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: __/__/__