



## Student Assent to Participate in the Evaluation of Youth CareerConnect (YCC)

As part of your application to [PROGRAM NAME], your parent or guardian has given permission for you to be part of a research study. The study will help the U.S. Department of Labor learn more about how high schools can help young people succeed after high school. The study is being conducted by Mathematica Policy Research. As a part of the study, you will be asked to complete a short survey. The survey will ask about your experiences at school, behavior in school, activities, and plans for future education. It will also ask some questions about the people who live in your house and how we can contact you in the future. All the information you give will be kept private.

Your parent/guardian(s) know that you are participating in this study, but you can still decide not to participate if you don't want to. Nothing bad will happen to you. You can stop being in the study at any time.

Being in the study does not mean you will get into the program. Being accepted might be decided by a lottery that is like flipping a coin to see if you get in.

If you have any questions about the study, please feel free to call Lisbeth Goble at 1-877-523-4651. If you have any questions about your rights as a research volunteer, please call the New England Institutional Review Board at 1-800-232-9570.

Please read the statements below and check one of the boxes.

The study was explained to me and **I want to participate.**

The study was explained to me and **I do not want to participate.**

Then please sign your name on the line below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this collection of information is estimated to average 21 minutes, including the time to review instructions, search existing data resources, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NAME at xxx-xxx-xxxx or NAME@\_\_\_\_.gov and reference the OMB Control Number xxxx-xxxx.

**If requested, you will be sent a copy of this form to keep for yourself.**