Dear participant,

My name is XXXX.  I am a xxxxxxx at the Lebanese American University.  I am asking you to participate in a study conducted xxxxxx. The objective of the study is to understand xxxxxxxxxxxxxxxxxxxxxxxxxx.

I am asking you to complete a short questionnaire that will talk about XXXX.  Your parents / legal guardians have already given permission for you to participate in this study, but you do not have to participate if you choose so.  You may quit this study at any time by simply writing on the questionnaire “Stop” or “I do not wish to participate.”  Your participation in this study will not affect your XXXXX in any way.  The research intends to cause no physical or psychological harm or offense, and abides by all commonly acknowledged ethical codes. There are no known risks involved in this study and you will receive nothing for your participation.  To protect your confidentiality, the questionnaire will not be shared with anyone.  All data and measurements obtained from this research study will be stored confidentially. Only researcher will have access to view any data collected during this research. These questionnaires will be kept by xxxxxx.  Neither the organization not your parents/legal representatives will be informed of your participation in this project or the answers you provide on the questionnaire.

You voluntarily agree to participate in this research project by filling the following questionnaire. You have the right to ask the researchers any question regarding this project. You also have the right to reject participation. You may withdraw from this research any time you wish.

If you have any question about this study, please talk to

|  |  |  |
| --- | --- | --- |
| *Name (PI)* | *Phone number* | *Email address* |
|  |  |  |

*If you have any questions about your rights as a participant in this study, or you want to talk to someone outside the research, please contact the: Institutional Review Board, Lebanese American University 3rd Floor, Dorm A, Byblos Campus, Tel: 00 961 1 786456 ext. (2546)*

**Agreement**

I agree to participate in this research project and I have received a copy of this form.

*Participant’s Name (Please Print) Date*

**Statement of person obtaining assent**

I have explained to the above named individual the nature and purpose, benefits and possible risks associated with participation in this research.  I have answered all questions that have been raised and I have provided the participant with a copy of this form.

*Researcher Date*