

## Columbia TeenScreen Program

### *Assent Form – Copy for Participant*

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Sex: ( ) Female ( ) Male Age: \_\_\_\_\_

Dear Participant,

Please read the statements below, and, if you agree with everything written, sign on the line below.

I have been told that:

- a) This program has been designed by staff at Columbia University to improve the health of teenagers.
- b) If I agree to participate, I will be asked to answer a number of questions that will be “spoken” to me by a computer. This will take between 10 and 20 minutes.
- c) After this, I might be asked or I can request to talk to one of the health specialists. This will be in private, during school hours, and should take no more than one hour.
- d) I have been told that participation in this program is voluntary and that I am not required to do any of these things if I don’t want to. I may also refuse to answer any and all questions.
- e) I have been told that the entire program will take between twenty and ninety minutes.
- f) This sheet of paper is the only one that has my name on it, and it will be stored in a locked file cabinet that only the program staff can enter. All records will be kept confidential to the extent permitted by law.
- g) I have been told that participating in this program will not affect my college application process.
- h) I have been told that my answers to the questions asked in this program will not be told to my teachers or members of the educational staff without my approval.
- i) I have been told that, if my answers indicate a significant problem, for example, that I am a danger to myself or others, that I am being abused, or that I have another problem that is impairing my functioning, then the project staff are required to tell my parents. They will only inform my parents or report my abuse to the authorities after they have discussed it with me.
- j) I have been told that under no circumstances will my name, or my family’s name, be reported to anyone else, unless I am being abused. If I am being abused, the project staff will have to report my name and my family’s name to the authorities.
- k) If I have any further questions about this project, I may call *NAME, NUMBER OF PROJECT COORDINATOR*.

If you wish to participate in this program, please check the box below and sign your name in the space provided. Please return this sheet even if you do not intend to participate. Thank you.

\_\_\_\_ I understand the above points, and agree to participate in the program.

Please sign your name here: \_\_\_\_\_