

## Agreement to Participate in a Research Study

As the authorized official of \_\_\_\_\_ school, I am agreeing to the participation of \_\_\_\_\_ school in the study entitled “\_\_\_\_\_” under the direction of Professor \_\_\_\_\_.

I have been given a full description of the project and have reviewed the following items and discussed their appropriateness with Professor \_\_\_\_\_:

- Measure 1*
- Measure 2*
- Listing of all research personnel who will be working in the schools*

I understand that school personnel will be asked to perform the following functions:

- Distribution and collection of parental consent forms
- Providing alternate activities for those students who decline to participate

I understand I will be provided with a report on the outcome of the study within \_\_\_\_\_ months of completion as well as annual progress reports. The school system will also receive \_\_\_\_\_ as a thank-you gift for our participation.

I understand that I will not be provided with any information which individually identifies students and their responses except in cases where the student is found to pose a risk of harm to another student. I understand that the investigator will take responsibility for any other findings which require follow-up with the student, their parents or appropriate state authorities.

I understand that I may withdraw the schools participation at any time or prohibit the inclusion of any of the measures listed above.

If I have any questions about this research study I may contact Professor \_\_\_\_\_ at 432-\_\_\_\_\_. If I have any concerns about the conduct of this study I can contact the Human Subjects Committee at 203-785-4688, [human.subjects@yale.edu](mailto:human.subjects@yale.edu).

Name authorized official: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature \_\_\_\_\_

Alternate school contact for routine study administration issues: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_