## 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 school’s 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 [phone number].

If I have any concerns about the conduct of this study I can contact the Institutional Review Board, IRB, at 203-785-4688, HRPPs@yale.edu.

Name authorized official:

Title:

Phone:

Signature

Alternate school contact for routine

study administration issues:

Title:

Phone: