**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 “*The effectiveness of the inspirED educational program for middle and high schools*” under the direction of Dr. Jessica Hoffmann.

I have been given a full description of the project, including:

* The procedures for implementing inspirED at my school and the content of the curriculum
* The procedure for obtaining parent permission and student assent/consent
* The electronic survey measures included in this study and how they will be administered

I understand that after baseline and outcome data collections, I will be provided with school-level reports and have the opportunity to debrief with research staff. Upon completion of our participation, our school will receive a $350 Amazon gift card. I also understand that we will receive a written report on the outcome of the whole study after its completion.

I understand that I may withdraw the school’s participation at any time or prohibit the inclusion of any of the surveys described to me. If I have any questions, I may contact Dr. Jessica Hoffmann at 978-729-7116. 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.

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

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of alternate school contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature: