**Statement of Confidentiality**

I agree to keep all information handled confidential, and in doing so I will not discuss any participant or collected data with individuals outside of the research project. Furthermore, if I feel I can identify one of the participants through his/her responses on the survey assessment, I will abstain from handling the data for that participant.

Please sign:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Assistant Date

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Research Supervisor Date