**This is a written assent template for children.**

* It must be edited to include study-specific information.
* Remove the italics when study-specific text has been added. The text not italicized should stay in.
* Review the separate template document called “Example Consent Text for Study-Specific Activities” to ensure no other text needs to be included.
* Use plain language, written for the age of the children. Avoid jargon and complex terms unless defined. Avoid 1st person.
* You must delete all this red text and reformat before submitting to the IRB

**Child Assent**

**Research Title:** *(insert title)*

**Researcher’s Name:** *(insert PI name and advisor if this is a student-led project)*

**IRB Project Number:** *(insert the IRB project number)*

**Information about the Study**

You are being asked to be in a research study.

Please read this form carefully and take your time. Let us know if you have any questions before you decide if you want to be in the study. The research team can explain words that you do not understand. Your parents can also help explain the study to you.

If you do not want to be in the study, that is okay. You can also choose to start the study then stop later. It will not be a problem at all.

You are being asked to be in this study because *(describe why they were chosen to participate).* We are doing the study because *(insert purpose of the study here).*

**What will happen during the study?**

You are being be asked to *(describe all research activities required of them – include lists, bullets, or other organized ways to present the information. Different visits should be separated with clear expectations. List any procedures which are experimental).*

The study will last *(include expected duration).*

*Only include the following statement if applicable – if not, remove:*

If we find out something important about you or your health during this study, we will let you and your parents know as soon as possible. *(include what may be disclosed and under what conditions)*

**What are the good things that can happen in this study?**

You may or may not have good things happen to you by being in the study. We may learn something from the study that may help other people in the future. *(this is just sample text; it must be edited to describe whether they may expect direct benefits or if there are no direct benefits. Study-specific information must be included here)*

**What are the bad things that can happen in this study?**

*Include one of the following:*

We do not expect anything bad to happen to you.

Some possible things that can happen are *(this is just sample text; it must be edited to describe potential risks).* To help bad things from happening, we will *(describe what is being done to minimize risks to subjects).*

What other choices do I have if I don’t want to be in this study?

You do not have to be in this study. *(list any alternative procedures or courses of treatment, if any, that may be advantageous to the subject).*

Will I be paid for being in this study?

*Include one of the following statements – remove the other:*

You will not be paid for being in this study.

You will be paid for being in this study. *(If a parent will be receiving the payment to share/give to the child, explain here. If it’s not payment but a gift instead, please explain in this section).*

Will my information be kept private?

We will do everything we can to keep your information private. Only the researchers will know what you shared. *(explain how you will keep their information private)*

We will only tell your parents or others if *(include only if this is a possibility, like mandated reporting).*

What if I have questions or problems?

You and your parent can contact the researcher at any time at (*insert phone number and email address*).

**Assent Signature**

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| --- | --- |
|  |  |
| **Child’s Signature** | **Date**  |

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| --- | --- |
|  |  |
| **Investigator Authorized to Obtain Assent** | **Date**  |

*(Required for FDA regulated, and/or treatment/medical procedures.)*