## ASSENT FORM FOR RESEARCH (7 - 12 Years Old)

**Name of Study**: Insert Title of Research Study

**Researcher Name*:*** Insert Name of Principal Investigator

*[If student-led research, include. Otherwise delete]* **Professor Name*:*** Insert Name of Faculty Advisor

**Why are we talking to you today?**

We want to talk to you about being in a research study. A research study is a way to learn more about something. Our team is doing a research study to learn more about \_\_\_\_\_\_\_\_.

**Why did you ask me to be a part of this research study?**

We are asking you to be part of this research study because \_\_\_\_\_\_\_\_.

**Do I have to take part in this research study?**

No. You do not have to be in this research study if you do not want to be. You can tell us whether you want to be part of this research study. If you say yes and decide to stop taking part later, that is okay too.

**What do I have to do as part of this research study?**

If you say yes to taking part in this research study, you will describe procedures in a simple manner.

**How will this research help me or other people?**

Insert a simple description of the benefits

**Will anything bad happen if I decide to take part in this research study?**

Insert a simple description of the risks. We will try our best to keep your information private, but we cannot promise it.

**What if I have questions?**

You can contact the research team anytime at insert principal investigator name and contact information. If you have any questions now, we can answer them.

*[If you are waiving assent signature include the following statement and remove the “assent signature” content below. Otherwise delete the following statement if you are obtaining participant signature and keep the “assent signature” content.]* You do not need to sign this form. If you say okay we will know you want to take part in this study. We will give your parents a copy of this form.

**Assent Signature**

Signing below means I am saying yes to participate in this research study. I also understand that I can ask the research team any questions I may have during the study and I can change my mind later if I do not want to participate any longer.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Printed Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name of Person Obtaining Assent

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Person Obtaining Assent Date