#### RESEARCH ASSENT FORM

Title of Research:

Principal Investigator: *[provide name, degrees, & phone number]*

Responsible Project Investigator: *[If applicable; provide name, degrees, & phone number]*

We/I want to tell you about a research study we are doing. A research study is a way to learn information about something. We would like to find out more about *[insert purpose of study in**simple language].*You are being asked to join the study because *[reasons for inclusion].*

# If you agree to join this study, you will be asked to

[describe procedures, (e.g., questionnaires, interview ) in words a child would know and understand. Also include number of visits and time frame in words easily understood by a child. If any audio or video taping will be conducted state this also].

[describe possible risks, e.g., discomforts and/or side effects in simple language].

We/I do not know if you will be helped by being in this study. We/I may learn something that will help other children with *[subject matter of stu*dy*]*some day.

# You do not have to join this study. It is up to you. You can say okay now, and you can change your mind later. All you have to do is tell us/me. No one will be mad at you if you change your mind.

Anything we learn about you from this study will be kept as secret as possible.

# Before you say yes to be in this study, we will answer any questions you have.

# If you want to be in this study, please sign your name. You will get a copy of this form to keep for yourself.

This study has been explained to me and I am willing to be in it.

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

Child’s Name (printed) and Signature Date

Check which applies below *[to be completed by the person administering the assent].*

[ ]  The child is capable of reading and understanding the assent form and has signed above as documentation of assent to take part in this study.

[ ]  The child is not capable of reading the assent form, but the information was verbally explained to him/her. The child signed above as documentation of assent to take part in this study.

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

Name (printed) and Signature of Person Obtaining Consent Date