**When do I use this Assent Form template?**

* Use this template when conducting **research involving** **minor participants** that does not qualify for Exempt Review.
* This template will help you communicate information about your research to potential participants. Research is always a relationship between an investigator and participants. Informed Consent is a key element of this relationship.
* When assenting minor participants, consider the age, context, and capacity of the minor to understand and affirm their assent to a research study.

**How do I complete this Assent Form template**?

* All text in **Green** are instructions and must be deleted before using this form.
* Do not alter any template text, or any elements in the footer.
* All spaces in **[Brackets]** must be completed or revised by the Researcher. Refer to Guidance – Instructions for Completing an Assent Form for more advice about drafting appropriate language and formatting for an Assent Form.
* Contact the IRB Office for Assent Form development and health literacy consultation.
* Delete this Instructions page before submitting your Assent Form for review.



**Research Study Assent Form**

**What is research?**

We are going to do a research study. A research study is when a researcher or doctor collects information to learn more about something. During this research study, we are going to learn more about [very briefly describe the purpose of the research]. After we tell you more about this study, we would like to ask you about being part of it.

We also will be asking about [insert number of participants] other people to be part of this study.

**What will you ask me to do?**

If you choose to be part of this study, [Provide a very brief description of everything participants will be required to do during the study. This information should be presented in chronological order. If there are multiple visits, these requirements should be presented by visit. When necessary, distinguish between what the research team will do, and what the participant will do.]

This study is going to last [indicate total length of participation], and then it will be over.

**Will I be harmed during this study?**

**[Describe risks listed in the IRB application in as simple terms as possible]**

**Will I benefit from being in this study?**

**[Include if there is no direct benefit]**

You will not get anything special if you decide to be part of this study. We hope what we learn will help other children.

**[Include if there is a direct benefit]**

[Describe potential benefits listed in the IRB application in as simple terms as possible].

**Do I have to be in this research?**

No, you do not. If you do not want to be in this research study, just tell us. You can also tell us later if you do not want to be part of it anymore. No one will be mad at you and you can talk to us at any time if you are nervous.

**What if I have questions?**

You can ask us questions right now about the research study. You can ask questions later if you want to. You can also talk to someone else about the study if you want to. And you can change your mind at any time. Being in this research study is up to you.

If you want to be in this research study, just tell us. Or, you can sign your name in the blank below. We will give you a copy of this form to keep.

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**Minor Participant's Signature Date**

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

**Minor Participant’s Printed Name**

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

**Signature of Principal Investigator or Designee Date**

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**Investigator or Designee Printed Name**