

**TITLE OF STUDY**

***Example Format for an Assent Document*** ***~ 3rd Grade Reading Level***

**Assent to be in a Research Study - (for Children 7-13 yrs of age)**

**Who are we?**

My name is *Insert Name* and I am a *Insert Position* at the Roberts Wesleyan College (or other location). I work in the Department of *Insert Department*.

**Why are we meeting with you?**

We want to tell you about a study that involves children like yourself. We want to see if you would like to be in this study too.

**Why are we doing this study?**

*Briefly describe in simple words why you are doing the study and what you hope to find out.*

**What will happen to you if you are in the study?**

*Describe in simple words, step by step, the procedures the child will undergo and state how long they will be in the study.*

**What are the good things and bad things that may happen to you if you are in the study?**

*Describe in simple words any benefits or risks associated with the study. If none, it should be stated there are none.*

**Do you have to be in the study?**

No you don’t. No one will get angry or upset with you if you don’t want to do this. Just tell us if you don’t want to be in the study. And remember, you can change your mind later if you decide you don’t want to be in the study anymore.

**Do you have any questions?**

You can ask questions at any time. You can ask now. You can ask later. You can talk to me or you can talk to someone else at any time during the study. You can call:

Name of contact person on the study: *Insert Name Here*

Phone Number: *Insert Phone Number Here*

 **\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \***

**Signature Block for Assent of Child**

|  |
| --- |
| Your signature documents your permission to take part in this research. |
|  |  |  |
| Signature of subject |  | Date |
|  |  |
| Printed name of subject |
| I certify that the nature and purpose, the potential benefits and possible risks associated with participation in this research study have been explained to the above individual and that any questions about this information have been answered. A copy of this document will be given to the subject. |
|  |  |
|  |  |  |
| Signature of person obtaining consent |  | Date |
|  |  |  |
| Printed name of person obtaining consent |  |  |

***[When the IRB requires- add the following block if a witness will observe the assent process. e.g., short form of consent documentation or illiterate subjects.]***

|  |
| --- |
| My signature below documents that the information in the consent document and any other written information was accurately explained to, and apparently understood by, the subject, and that assent was freely given by the subject. |
|  |  |  |
| Signature of witness to assent process |  | Date |
|  |  |
| Printed name of person witnessing assent process |