{*Place on departmental or applicable institutional letterhead}*

**Assent form for child between the ages of 7 and 12.**

The child should be asked to sign a simply written separate assent form. A sample assent form is printed below. Modify it for your study.

The title may be a simplified version of the title on the parental consent form. Address, then delete any blue text in this document, and place the assent form on departmental letterhead before uploading to the online IRB application and submitting to the IRB.

\*\*Federal Regulations require that Child Assent forms be written at the grade level of the participant. The assent document should state, in very simple terms, the purpose of the study, what is expected of the child, the risks and benefits of the study, the right to leave the study at any time, and who the child can talk to if he has questions about the study. An adult witness is required whenever child assent being sought.

**ASSENT FORM   
(Title of Study)**

I agree to be in a research study about (give general topic of study). This study was explained to my (mother/father/parents/guardian) and (she/he/they) said that I could be in it. The only people who will know about what I say and do in the study will be the people in charge of the study (modify if information will be given to parents, teachers, doctors, etc.).

(Give a simple description of the study’s purpose that is age appropriate. Provide here a simple description, from the child’s perspective, of what he or she will do in the study. Write this so that a child of seven can understand it, e.g., “If I decide to be in the study, I will be asked questions about how I solve problems. I will also be asked how I feel about my family and myself.”)

Some things may make you uncomfortable such as (If appropriate, include a sentence about whether or not the procedure will involve any risks & what they are). This study will take place (name the location of the study) and should take about (estimate time involvement) of your time.

The researchers hope this study will help (explain the anticipated benefits of the research, both to the participant if appropriate, or to other children, or to society in general. If appropriate, discuss any compensation the child may receive such as a toy or gift certificate.)

You do not have to be in this study if you don’t want to and you can quit the study at any time. If you don’t like a question, you don’t have to answer it and, if you ask, your answers will not be used in the study. No one will get mad at you if you decide you don’t want to participate.

Other than the researchers, no one will know your answers, including (name people that will not have access, i.e., strangers, teachers, friends, other children, etc.) If you have any questions, just ask the (name researcher).

**Writing my name on this page means that the page was read by me and to me, and that I agree to be in the study. I know what will happen to me. If I decide to quit the study, all I have to do is tell the person in charge.**

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Child's Printed Name and Signature Date

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Researcher Printed Name and Signature Date

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Witness’s Printed Name and Signature Date