

Institutional Review Board

**Children’s Assent Form Instructions and Template**

**(Recommended Ages: 8 – 17 Years)**

Assent from a child (greater than 8 years of age) should be sought to provide potential minor subjects with the information necessary for them to decide about participating in research. In addition, the use of a Parent-Guardian Consent Form is required.

Assent documents should be written in simple, plain language that is age-appropriate for the participating child.

We recommend the use of this template to create the assent document for your study. Carefully read the following important directions:

1. Blue text in [brackets] represents information about your study that you must add (in plain text).
2. Carefully proofread your final document. Use the same font and type size throughout. The finished document should reflect what you will give to the child.
3. You and the child should sign a copy of the assent form. Keep it with your research records. Give an unsigned copy to the child.
4. Use a file name for each assent document that includes the last name of the principal investigator (e.g., Smith Assent.docx).

For questions about informed consent, please contact the CUWAA IRB at 262-243-271 or janessa.doucette@cuw.edu. For more information about plain language go to <http://www.plainlanguage.gov/>

**Before you upload your completed assent document to Cayuse, delete this cover page and blue words in brackets.**

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**Children’s Assent Form**

We are researchers from Concordia University, and we are doing a study to try to learn about ... [insert **simple** statements about the purpose of your study].

If you agree to be in our study, ... [insert **simple** statements or bullet points describing what the child will be asked to do. For clarification, add examples or pictures if appropriate.]

There are some things about this study you should know. There are [insert simple wording that describe risks such as painful procedures, discomforts, things that take a long time, risks to privacy, etc.].

If you decide to be in this study, some good things might happen to you. You will receive [insert wording that explains how subjects might benefit from this study]. We might also find out things that will help other children some day [insert wording about how others could benefit].

When we are done with the study, we will write a report about what we found out. We won’t use your name in the report. Everything you provide to us will be kept private. No one except us will know that you are in the study unless you or your parent/guardian decides to tell them. The only time we would break this rule would be if you tell us something that other adults need to know to be able to keep you or other people safe.

Even if your parent/guardian agrees to your participation in this study, it is still your decision whether or not to be in the study. You do not have to be in this study if you don’t want to. You can say “no” and nothing bad will happen. If you say “yes” now, but you want to stop later, that’s okay too. If something about the study bothers you, please tell us and if we can, we will try to change it for you.

[Insert the following if your project uses a survey.] Remember, that our survey questions are only about what you think. There are no right or wrong answers because this is not a test.

You can ask us questions about the study at any time. We will try to explain everything that is being done and why.

Signing this paper means that you have read this paper or had it read to you and that you want to be in the study. If you don’t want to be in the study, don’t sign the paper. Remember, being in the study is up to you, and no one will be mad if you don’t sign this paper or even if you change your mind later.

**SIGN** Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT** Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_