

## Research Project Assent Form (for Children between 11 & 14 Years Old)

(Form Assent 11.14)

**Study Title:** *[Title as listed on IRB application]*

**Researchers:** *List names and contact information of investigators and co-investigators*

My name is *(insert the name of the person who will approach the child during the assent process)*. I am from Palm Beach Atlantic University.

- I am inviting you to be in a research study about *(topic of the study in simple language)*

*Example: What kinds of foods do you and your friends usually eat and how much exercise does everyone get?*

- Your parent(s) knows we are going to ask you to be in our research study, but you get to make the final choice. It is completely up to you. If you decide to be in the study, we will ask you to *(describe what the child will be asked to do in simple language that is appropriate for the child's age and level of maturity. If the child will be asked to do multiple things, describe each one in detail. Explain about how long each aspect of their participation will take).*

*Example: Please talk with us for about 30 minutes and answer some questions about your bedtime and how you go to sleep each night.*

- (If media -- audio, video, or pictures -- recording is to be part of the study, explain that here and let the child know that you won't record them without their permission)
- *(Describe potential benefits to the child, if any, and those to society)*

*Example: If you take part in this research study, you might learn how to choose good snacks and about new games that you can play outdoors.*

- *(Describe the potential risks to the child, including fatigue, boredom, pain, anxiety, etc. using simple, straightforward language. Also explain what you will do to minimize those risks or handle the risks if they occur.)*

*Example: We do not think anything bad would happen if you decide to take part in this research study, but some kids might get tired of sitting still while they answer our questions. We will let you take a break about every 15 minutes or more often, if you think you need a break.*

- If anything in the study worries you or makes you uncomfortable, let us know and you can stop immediately. *(If relevant)*, There are no right or wrong answers to any of our questions. You do not have to answer any question you do not want to answer or do anything you do not want to do. It is completely up to you.
- Everything you say and do will be completely private. We will not tell your parents or anyone else what you say or do while you are taking part in the study. When we tell other people about what we learned in the study, we will not tell them your name or the name of anyone else who took part in the study.

*(When relevant, the child should be informed that you must tell authorities or health professionals if you learn that the child has been hurt, might be hurt by another person, or might hurt themselves.)*

- You do not have to be in this study. It is up to you. You can say no now or you can change your mind later. No one will be upset if you change your mind.
- You can ask us questions at any time and you can talk to your parent any time you want. We will give you a copy of this form that you can keep. Here is the name and phone number of someone you can talk to if you have questions about the study:

Name *(researcher)*      Phone number *(local phone number)*

- Do you have any questions now that I can answer for you?

IF YOU WANT TO BE IN THE STUDY, SIGN OR PRINT YOUR NAME ON THE LINE BELOW:

*(If relevant: Put an X on this line if it is okay for us to record you \_\_\_\_\_)*

\_\_\_\_\_  
Child name and signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Name [Print]

Check which of the following applies *(completed by 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 of parent who gave consent for child to participate

\_\_\_\_\_  
Signature of person obtaining assent

\_\_\_\_\_  
Date