



Office of Academic Research  
Institutional Review Board  
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## Research Project Assent Form (for Children between 6 & 10 Years Old)

(Form Assent6.10)

**Study Title:** *[Title as listed on the PBA 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: how much exercise kids get and what kinds of foods kids they usually eat.*

- Your parent knows we are going to ask you to be in our research study, but you get to make the final choice. It is totally 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 to the child's age and level of maturity. If the child will be asked to do several things, describe each one. Explain about how long each part of their participation will take).*

*Example: Talk with us for about half an hour to answer some questions about your bedtime and how you go to sleep.*

- *(If media 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 the 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 new games that you can play outdoors.*

- *(Describe potential risks to the child, including fatigue, boredom, pain, anxiety, etc. in simple language. Also explain what you will do to minimize any 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 questions. We will let you take a break about every 15 minutes or more often if you need to.*

- If anything in the study worries you or makes you uncomfortable, please let us know and you can stop right away. *(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.

- Everything you say and do will be private. We promise that 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 research study.

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

- You do not have to be in this study. It is totally 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

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 the child to participate

\_\_\_\_\_

Signature of person obtaining assent

\_\_\_\_\_

Date