**Assent Form for Research**

**University of Cincinnati**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| *State the general activity the participants will do and provide corresponding image.*  EXAMPLE: We will talk. | Picture showing people talking. |
| *Include the following statement and image.*  You can say yes or no. | Picture showing yes or no options |
| *State any direct benefits because of participation in the study and provide corresponding image.*  EXAMPLE: You might learn to talk more. | Picture of people talking |
| *Identify how long the activities take and provide corresponding image.*  EXAMPLE: It will take about 10 minutes. | Picture of time lapsing. |
| *State additional activities the participants will do and provide corresponding image.*  EXAMPLE: We will talk during art or puzzles. | Picture of someone reading |
| *Include the following statement and image.*  If you have any questions you can ask *(PI’s first name) and (Co-PI’s first name, if applicable).* | Graphic of question mark in speech bubble. |
| *Include the following statement and image.*  You do not have to be in this *(general activity listed above)*. You may stop. No one will be mad or sad with you. | Graphic indicating no. |
| *Include the following statement and image.*  To stop you can tell *(PI’s first name) and (Co-PI’s first name, if applicable).* | Graphic showing people talking. |
| *Include the following statement and image.*  If you want to *(general activity listed above)*, write your name. If you do not want to *(general activity listed above)*, do not. | Picture showing signature line. |

Your Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Month / Day / Year)

Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

\_\_\_Oral presentation of the assent was given to the participant, who was not able to read the written assent. By signing, I certify that the oral presentation was consistent with this written document.

*\_\_\_Oral presentation of the assent was given to the participant, who was not able to read the written assent. By signing, I certify that the oral presentation was consistent with this written document.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Impartial Witness Signature (oral presentation only) Date*

Signature of Person Obtaining Assent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_