*TEMPLATE CHILD ASSENT*

* *The Consent Instructions and Child Assent Starter Version documents give important format instructions and examples. REFER TO THEM as you develop your assent.*
* *Pages MUST be numbered (page x of y).*
* *Reading level MUST be appropriate for the YOUNGEST of your participants.*
* *Check the reading level of each section separately. Do NOT include section headings or verbatim text when checking reading level.*
* *Because full information is given in the Parental Permission, some sections are omitted from the Child Assent.*
* *Gray text and boxes give extra sections or wording that might apply to some studies. Only use them if appropriate.*

**Child Assent Form for Research**

**(Ages 8-11 Years)**

**University of Cincinnati**

**Department: *(or Division:)*  *Name***

**Principal Investigator: *Name***

***Faculty Advisor: Name*** *(only needed if the PI is student)*

**Title of Study:** *Name of the study, as it appears on the IRB application/protocol*

*ONLY if the research is conducted at The University Hospital, insert the following:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's Name (printed) & Date of Birth

You are being asked to do a learning project. You may ask questions about it. You do not have to say yes. If you do not want to be in this learning project, you can say no.

This learning project might \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Complete the sentence with the purpose of the study. It will probably be hard to keep to the 3rd grade reading level. Using simple words and short, active sentences might help. The purpose must be the consistent with the IRB application unless there is a compelling reason for incomplete disclosure or deception that is explained in the IRB application.*

About  *(number)* children will *(do what?)*. It will take about *(how long?)*.

* *State the activities the participants will do.*
* *Identify how long each activity will take.*
* *If more than one study visit will be required, state how long and how often the visits will be (such as " get extra help with reading two times every week. It will take about 10 minutes each time.").*
* *Be sure to mention all kinds of information being collected from/about participants.*
* *If participants will lose free time or recess at school, include that information.*

*ONLY if the child or his/her family will receive a gift or payment for participating, include the following statement.*

If you are in the learning project you *(or your family)* will get *(what?)*

If you have any questions you can ask *(PI's name)* or *(alternate contact person)*.

You do not have to be in this learning project. You may start and then change your mind and stop at any time. No one will be upset with you.

*If appropriate, add: You may skip any questions that you don't want to answer.*

To stop being in the learning project, you should tell *(PI's or alternate contact person's name)*.

*ONLY if the study involves children who are prisoners (incarcerated, involuntarily detained, or assigned to a program as an alternative to incarceration), the following section MUST be included (verbatim).*

Saying yes or no to this learning project will have no effect on your court case or probation. You will NOT get in trouble for saying no. You will NOT get treated better if you say yes.

*Use the following Agreement and signature section for signed assent.*

If you want to be in this learning project, write your name and birthday. If you do not want to be in this learning project, leave the lines blank.

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

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

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

*ONLY include the "oral presentation" statement and signature if some participants might be unable to read the assent for themselves.*

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

*ONLY if waiver of the signature requirement is requested, use this alternate Agreement section.*

DOING THINGS FOR THE LEARNING PROJECT MEANS YOU SAY YES.