# **Instructions for Investigators**

Use this type of CHILD ASSENT FORM for research projects that involve:

* Research participants who are MINORS (age 7-13). Since minors typically may not provide informed consent for themselves, a parent/guardian needs to provide consent for the minor to participate. The researcher must get both the parental consent/permission (which is a separate document, not listed in this file), and the assent of the minor for the minor to participate.
* Interview, Survey or Observation, and Intervention. Intervention includes both physical procedures by which data are gathered and manipulations of the participant or the participant's environment that are performed for research purposes.
* Always have two copies of the informed consent for each potential participant. One signed copy is kept by the PI or research team, and the other is to be given to the enrolled participant after written consent is given.
* Revise the following template according to your research design while keeping the section headers and first person perspective. Use plain language that can be easily understood by minors in this age group.
* Please remove the *red notes* before finalizing your consent form.



**Assent to Participate in a Research Project - 7 - 13 years of age**

*(Insert PI name)*, Principal Investigator

*Project Title: (insert title here)*

Research Assent Form

**Hi! My name is (*insert name*) and I am inviting you to participate in my research study.**

**I am a (*faculty or staff member, graduate student, etc*.) at Franklin University. (*Students must insert*: In order to get my degree, I am doing this research project.) I want to learn about *(briefly describe topic)*. I want to see/know if *(explain the purpose of your study)*.**

 **WHAT IS A RESEARCH STUDY?**

**Research studies help us learn new things. We can test new ideas. First, we ask a question. Then we try to find the answer.**

**This paper talks about my research project and the choice that you have to take part in it or not. I want you to ask me any questions that you have. You can ask questions any time.**

**Important things to know…**

* You get to decide if you want to take part.
* You can say ‘No’ or you can say ‘Yes’.
* No one will be upset if you say ‘No’.
* If you say ‘Yes’, you can always say ‘No’ later.
* You can say ‘No’ at any time.

**WHY AM I DOING THIS RESEARCH?**

I am doing this research to find out more about *(briefly describe study)*.

 **WHAT WOULD HAPPEN IF I JOIN THIS RESEARCH?**

If you decide to be in the research, I would ask you to do the following:

* Questions: I would ask you to *(describe procedures, such as, “read questions on a piece of paper. Then you would mark your answers on the paper.”)*
* Talking: I would ask you questions. Then you would say your answers out loud.
* *(Insert additional procedures or interventions.)*

**COULD BAD THINGS HAPPEN IF I JOIN THIS RESEARCH?**

Some of the questions might be hard to answer. If you don't want to answer a question, that is fine. We can skip that question and ask another question, or you can stop the questions all together. I don't think anything bad will happen to you if you join this research project.

You can say ‘no’ to what I ask you to do for the research at any time and I will stop.

**COULD THE RESEARCH HELP ME?**

*(Insert language as appropriate)* This research project will not help you. I do hope to learn something from this research though. And someday I hope it will help *(mention how it might benefit others in the future)*.

**WHAT ELSE SHOULD I KNOW ABOUT THIS RESEARCH?**

If you don’t want to be in the study, you don’t have to be.

It is also OK to say yes and change your mind later. You can stop being in the research at any time. If you want to stop, please tell me.

You can ask questions any time. You can talk to me, *(insert name)*. Ask me any questions you have. Take the time you need to make your choice.

You may contact the Franklin University Institutional Review Board Office at (614) 947-6037 or irb@franklin.edu to get information or to discuss problems, concerns, and questions.

Keep this copy of the informed consent for your records and reference.

**IS THERE ANYTHING ELSE?**

If you want to be in the research after we talk, please write your name below. I will write my name too. This shows we talked about the research and that you want to take part.

***Name of Participant*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(To be written by child/adolescent)

*Printed Name of Researcher* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Researcher* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Date Time***

**Original form to**:

Researcher File

**Copies to**:

Parents/Guardians