

The following information is from: <https://www.axiom-mentor.com/how-to-write-an-assent-form/>

NOTE TO RESEARCHERS: *BLUE* text includes suggestions and can be freely edited out.
RED text is tailored for your study. *BLACK* text is considered standard text and will likely remain in the final copy.

University Name
123 West 123th Street
City, State 12345
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Assent Form for Minors

Protocol Title: Does Math Remediation Help Children?

Principal Investigator: Dr. Sigmund Freud, MD, Teachers College 212-222-2222

(Briefly explain the study here in age appropriate words. Even little children can be told what is going to happen. Signing an assent is for children 8-17.)

My name is [insert the name of the researcher]. *We/I* am trying to learn more about [insert a very simple explanation of the research topic] because [explain the purpose of the research in age appropriate language].

We/I am asking you to be in this study because [insert a simplified explanation of why you are asking this child to be in this study]. *We/I* hope to have [list number] of children like you in this research.

If you are in the research, this is what will happen:

[Insert a very simplified explanation of what is involved in being in the research. For example:]

- *We/I will have you...*
- *We/I will ask you...*
- *We/I will look at your school records and record your test scores....*
- *We/I will record what you say to me/us...*

The research will take [list minutes, hours, days, months or list number of visits].

We/I [do not think you personally will be helped by being in this study.] **But *we/I* could learn something** [that will help other children, your teachers, or about [name topic]....]

[List any risks associated with this study. For example:]

- *You could feel uncomfortable, afraid, lonely, or hurt. It is okay for you to stop the study at any time you want to.*
- *Sometimes the questions we ask can make you feel sad, embarrassed, or uncomfortable. You do not need to answer any questions you do not want to.*
- *You may feel some pain when we put on this heart monitor. Please tell us if you do not feel well.*

Both you and your **parent/guardian** must agree to you being in the study. Even if your **parent or guardian** says yes, you may still say no, and that is okay.

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You do not have to be in this study if you do not want to. Nothing bad will happen to you if you say no now or change your mind later after starting the study. You just need to tell me if you want to stop being in the study. I will ask you later if you want to stop or if you want to keep going. It's okay to say yes or no.

[If the research takes place in a classroom setting or another type of setting in which the child's normal activities are interrupted, explain to the child that if they are not in the study, what their options are. For example:]

- *Instead of being in this study you may [insert a description of available alternatives, i.e. do your school work, read, play, leave and go home.]*

[List any payment associated with this study. For example: *If you are in the study, you will be paid [insert and explanation of the payment plan]. It will not cost you or your parent/guardian anything to be in this study.*]

We/I will keep the information **we/I** collect for the study safe and secure. **We/I** will not share information that has your name on it with people who are not part of the research team, unless we have to.

If you have questions, you can contact the researcher, [insert your name and phone number, and email, and if appropriate the faculty sponsor's name and contact information]. If you want to talk to someone else besides the researcher you may contact the Institutional Review Board (IRB) at 123-456-7890 or by email at Email@school.edu.

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Assent Statement

[Use this statement below if the child CAN read and write. Signing an assent is for children 8-17.]:

I _____ (child's name) agree to be in this study, titled _____.

What I am being asked to do has been explained to me by _____

I understand what I am being asked to do and I know that if I have any questions, I can ask _____ at any time. I know that I can quit this study whenever I want to and it is perfectly OK to do so. It won't be a problem for anyone if I decide to quit.

Name: _____

Signature: _____

Witness Name: _____ Date: _____

Researcher's Verification of Explanation

[Use this statement below if the child CANNOT read/write]:

The child is not capable of reading the assent form, but the information was verbally explained to him/her in age-appropriate language. The child had an opportunity to ask questions and indicated his/her assent. The child has been informed that he/she can quit this study whenever he/she wants to and it is perfectly OK to do so.

Witness Name: _____ Date: _____

Printed name of Person Obtaining Assent: _____

Signature of Person Obtaining Assent: _____

Name of Child: _____ Age: _____