

Sample Assent Form – for younger children
Title of Protocol
Protocol #

My name is (insert name). I am trying to learn if the (name of study) will help you by (insert explanation).

If you decide you want to be in my study, you will (describe what will occur during the study including if photos or videos will be taken).

No one else will know the results of your tests. I will put things I learn about you together with things I learn about other children, so no one can tell what things came from you. When I tell other people about my research, I will not use your name, so no one can tell who I am talking about.

Your parents or guardian have to say it's OK for you to be in the study. After they decide, you get to choose if you want to do it too. If you don't want to be in the study, no one will be mad at you. If you want to be in the study now and change your mind later, that's OK. You can stop at any time.

If you decide you want to be in this study, you will receive (describe any type of compensation the child will receive).

My telephone number is (insert phone number). You can call me if you have questions about the study or if you decide you don't want to be in the study any more.

I will give you a copy of this form in case you want to ask questions later.

Agreement

I have decided to be in the study even though I know that I don't have to do it. (Name) has answered all my questions.

Name of Study Participant

Signature of Study Participant

Date

Signature of Researcher

Date