[Note to researchers: The assent form should be written TO your potential participants (i.e., use language that includes the word “you” and not “participants”. For example, “**You** will be asked to …”).

**The language you use in this document should be modified to fit the ability of minor participants to understand. (e.g., Less detail would be appropriate for younger children and more detail for older children/teens.)**

**Assent may be obtained in writing or orally, depending on the developmental ability of the children/minors who participate.**

**Remove this and all highlighting from this form prior to submission.]**

**Template for Oral Assent Form (for young children; ages ~4-10)**

|  |  |
| --- | --- |
| **Project Title** | [Enter title] |
| **Statement to be read to child** | Hi! My name is [insert name] and I’m working on a research project about…  If you want to participate I will ask you to …  Your parents have already said it is okay for you to participate. But it is also okay if you don’t want to; you won’t get in any trouble if you choose not to. If you want to stop at any time after we begin, that’s okay too.  Do you have any questions for me? |
| **Consent** | Are you willing to ...?  Yes No |

**Template for Written Assent (for teens or older children; ages ~12-17)**

|  |  |
| --- | --- |
| **Project Title** | [Enter title] |
| **Purpose** | This research is being conducted by [enter researcher’s names] at Carthage College. We are inviting you to participate in this research about … |
| **Procedures** | If you agree to be part of this research we also need one of your parents or legal guardians to give their permission. You will be asked to…  [State here if participants will be audio/video recorded.] |
| **Potential Risks and Discomforts** | We do not believe there are any risks to participating in this study beyond those that you encounter in daily life. But if you are uncomfortable, you may stop the study at any time without penalty/getting in any trouble. |
| **Potential Benefits** | You may not receive any direct benefit, [however… insert potential benefit here, if applicable] |
| **Confidentiality** | We will handle the information you give us with care. Your information will be stored in a locked file cabinet and/or on a secure computer. We will never refer to you by name in any presentations or written reports of this study.  If the researcher plans to collect video/audio of the interaction, provide information on how that data will be handled. |
| **Help** | If you would like to talk with someone about this study, please talk to [list counselor, doctor or whatever makes sense for your study]. |
| **Compensation** | You will receive [insert compensation here, if applicable] for participating in this study. |
| **Right to Withdraw and Questions** | Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. You will still receive compensation (if applicable). |
| **Your Rights** | If you have questions or concerns about this research study, you can email any of the people listed below: Principal Investigator:  [insert name and email address]  Student Investigator:  [insert name and email address]  Department Chair:  [insert name and email address]  Institutional Review (Ethics) Board Chair:  Dr. Deanna Byrnes (irbchair@carthage.edu) |
| **Statement of Consent** | Your signature indicates that you have read this assent form [or have had it read to you]; your questions have been answered and you have voluntarily agreed to participate in this study. You will receive a copy of this assent form, on request. [Delete “on request” if planning to give a copy to all participants]  If you agree to participate, please print and sign your name below. (if signature is required for project) |
| **Signature and Date** | PRINT NAME HERE: |
|  | SIGN NAME HERE: |
|  | DATE: |

[Note to Researchers: For studies collecting Audio/Visual Data to be Uploaded to Databrary, the following assent script ALSO needs to be spoken to participants.

**Remove this and all highlighting from this form prior to submission.**]

*Earlier, we asked you if you wanted to be in the study and if we could record you while you [describe task]. You said yes.* *Right now, only the researchers listed earlier will see the recordings of you or other information about you from this session. There are many other scientists who want to learn about how children grow and change, but they can’t because they don’t work here with us.*

*Is it okay with you if we put these recordings and other information about you in a library so that other scientists who don’t work in this room can also see it?*

*If you say yes, only other scientists who have approval to use the library will see the recordings or other information. Your friends, your teachers, and your classmates won’t be able to see them unless you say it is okay.*

*You can talk this over with your parents before you decide if you want your recordings and other information to be in the library. I will also ask your parents to give their permission for your recordings to be in the library, but even if your parents say “yes” you can still say “no” and decide not to put your recordings in the library.*

*If you don’t want your recordings and other information to be in the library, we don’t have to put them in there. Remember, having your recordings and other information in the library is up to you. No one will be upset if you don’t want the recordings and other information to be in there.*

*You can ask any questions that you have about the library. If you have a question later that you didn’t think of now, you can call me or ask [your parents, teacher, whoever the child may choose] to call me at [PI’s telephone number] or email me at [PI’s email address].*

* ***Would you allow your recordings and other information to be stored in the library for other researchers to see?***

[Participant answers yes or no; only a definite yes may be taken as permission to share.]

* ***Would you allow other people besides scientists working in the library to see parts of the recordings?***

[Participant answers yes or no; only a definite yes may be taken as permission to share.]