**Child Assent Template**

* *A verbal assent script (read by the researcher to the child participant) is typically used with young children or with individuals who are developmentally delayed or affected in a way that they are unable to read or comprehend the standard written consent. A full consent will be signed by the parent, guardian, or the Legally Authorized Representative (LAR).*
* *With very few exceptions, the signed consent of the parent/guardian/LAR must be obtained BEFORE seeking the child’s assent. Consult the IRB chair if you think your study might be one of the rare exceptions.*
* *Use language suitable to the age, maturity, and psychological state of the participant.*
* *Unless there are a number of people involved in obtaining assent, it’s usually better to use the pronoun “I,” not “we,” to refer to the investigators.*
* ***Delete these bullet points and other italicized material (below) before submitting this to the IRB.***

ASSENT SCRIPT

Study Title:

Principal Investigator:

IRB #:

Hi, my name is \_\_\_\_\_\_\_\_\_\_\_. If you have any questions about what I am telling you, you can ask me at any time.

I want to tell you about a research study we are doing. In this study, we want to find out more about [*insert brief, simple explanation of the study’s purpose].*

You are being asked to be in this because you are [*briefly explain inclusion criteria*]. If it is okay with you, I will ask you to [*using age or ability appropriate language, describe in the*

*simplest terms the study procedures and how long they will take*. *If the child will be interacting with someone other than the person obtaining assent, make that clear.*]

If you get too tired or don’t want to do this anymore, just let me know. If you want to stop at any time, just tell me and we will stop.

You do not have to be in this study. It is totally up to you. You can say yes now and still change

your mind later. All you have to do is tell me. No one will be mad at you if you change your mind.

Your parents/people taking care of you say it is okay for you to be in this study. If you have

questions for me or for your parents/people who care for you, you can ask them now or later.

Do you have any questions? Would you like to [*brief statement of initial activity*]?

[End of verbal script.]

To Be Completed by the Person Obtaining the Child’s/Participant’s Assent:

Child’s/Participant’s Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s/Participant’s Response: Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

Child/Participant appears to be able to understand the study: Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

Name of person obtaining assent [Printed]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person obtaining assent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_