

[Title of Study]
Assent Form

Researcher and Research Topic: My name is [researcher name]. I am trying to learn about [insert topic of study in simple language] because [explain research purpose in age-appropriate language]. If you would like, you can be in my study.

What will happen in this Research? If you decide you want to be in my study, you will [explain all tasks and procedures clearly and simply].

What are the good and bad things that come from you being in the research study?[Explain the risks and benefits in clear, simple child-friendly language. The benefits must outweigh the risks]

We will not share your personal information: Other people will not know if you are in my study. I will put things I learn about you together with things I learn about other [children, teens], 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.

Parent/Guardian Approval: 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 or upset with you. If you want to be in the study now and change your mind later, that's OK. You can stop at any time.

Researcher Contact Information: My telephone number is [researcher's telephone 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 of researcher] has answered all my questions and I know that I can stop being in the study at any time. If you have any questions about this, please contact the UCM Research Compliance Officer at (660) 543-8562.

Signature of Study Participant

Date

Printed Name of Study Participant

Printed Name of Parent/Guardian

Signature of Researcher

Date