

CHILD ASSENT FORM - Ages 7+

[*customize sections in red to refer to information specific to your study]*

Northern Michigan University

*DEPARTMENT PROJECT TITLE*

*IRB APPROVAL NUMBER (when you receive it)*

**What is this research about?**

We would like you to join in a research study about *[*Provide a brief introduction to the study.*]* You can ask a question at any time and you can say no anytime you want to. Your parents or legal guardian said that it is OK for you to be in this study, but we want to let you choose if you want to do this.

**What will happen to me in this research?** Explain the reason for the research and what the subject will be expected to do as part of the study, describing those parts of the research where the subject will be expected to do or provide something

**How long will it take me to be in your research?** Describe how long – in minutes/hours and also if more than one session, how many different times.

**Can anything bad happen to me?** Explain any possible risks to the subject, using simple terms. If something might be painful, state this in the assent. Explain that the subject should inform his/her parents if they are sick or in pain as a result of being in the study.

**Can anything good happen to me?** Only describe known benefits to the subject. You may include any possible future benefits to others.

**Do I have other choices?** Describe any alternative procedures that might be available to the subject other than this study. If this section doesn’t apply, do not write “there are no other choices”. Instead write “you may choose not to do this.”

**Will anyone know I am in the research?** Only those people conducting the study will know that you are in it.

**Will I be paid?** Describe any payment to the subject for participating in the study, including the amount and how it will be paid or say no.

**Who can I talk to about the research?** List those individuals the subject can contact if he/she has any questions or has any problems related to the study.

**What if I do not want to do this?** You do not have to be in this research study. You can say no at any time. No one will be upset with you if you stop.

Do you want to be in the study?

*Yes, I want to be in the study No, I do not want to be in the study*

Name of Child (Print)

Signature of Child Date

Signature of Person Explaining Assent Date

***A copy of this form has been given to me*** Subject’s Initials