Instructions: Please review and edit as needed. Fill in the fields in red. Once complete, please remove all blue instructional text. Change the text back to black once editing is complete Upload to CAYUSE complete and finalized documents (no tracked changes). Word format is preferred to get complete use out of CAYUSE features like compare document feature.

**Child/Minor Assent to Be in a Research Study**

**East Texas A&M University**

**Title of the Study**

You are being invited to be in a research study. Below you will find answers to some of the questions that you may have.

**Who Are We?**

* Include a brief description of who you are and who you work for

**What Is It For?**

* Include a brief explanation of why the study is being conducted

**Why You?**

* Include a brief explanation of why the participant is being selected to take part in the research
* If appropriate, include a statement that being in the study will not have a negative impact on participants

**What Will You Have to Do?**

* Include a brief explanation of the procedure and the duration of participation
* If appropriate, include a sentence about if the procedure will be painful and the level of discomfort anticipated
* If appropriate, include a sentence that indicates if the child's parent will be present during their participation in the research.

**What Are the Good Things and Bad Things that May Happen to You If You Are in** t**he Study?**

* This is the same as the risks and benefits section of the consent form. Here describe in simple words any benefits to the subjects or to others, and / or risks or discomforts associated with the study. If there are none, it should be stated.
* If appropriate, include a sentence(s) that indicates if the child can expect any direct benefit at the end of participation

**What If You Want to Stop? Will You Get in Trouble?**

* Include a brief discussion that participation is voluntary and that th**e** child may stop at any time
* Include a brief discussion that the research will not be used to positively or negatively impact grades, participation in programs, etc.

**Are There Any Other Choices?**

* Include a discussion if there is an alternative method for treatment or participation (other than the procedure described)

**Do You Have Any Questions?**

You can ask questions at any time. You can ask them now. You can ask later. If you have any questions or concerns about this study or if any problems arise, you can contact [PI name] at any time during the study at [PI information].

You can also contact East Texas A&M University Institutional Review Board (IRB) with questions or complaints about this study at irb@etamu.edu. The IRB is a committee of faculty members, statisticians, researchers, community advocates, and others that ensures that a research study is ethical and that the rights of study participants are protected.

**ASSENT OF MINOR**

I have been told what will happen to me if I am in this study. I know I do not have to be in this study. I may quit the study at any time and no one will be mad at me. I am able to ask questions. My questions have been answered. I agree to be in this research study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Minor                                                                             Date

If children are not of an age to sign, you can replace signature line with another indication of assent like coloring, e.g., color this smiley face if you want to be in the study OR color this smiley face if you do not want to be in the study.

**STUDY PERSONNEL**

(Personnel performing the consent process MUST be listed as study personnel. Double check your IRB application that you’ve included all personnel who may be obtaining consent in this study)

Any questions that have been raised have been answered to the individual’s satisfaction.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Consent                                 Date

Print Name of Person Obtaining Consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_