{*Place on departmental or applicable institutional letterhead}*



**Assent form for child between the ages of 7 and 12.**

The child should be asked to sign a simply written separate assent form. A sample assent form is printed below. Modify it for your study. The title may be a simplified version of the title on the parental consent form. Address, then delete, any blue text in this document, and place the assent form on departmental letterhead before submitting to the IRB.

\*\*Federal Regulations require that Child Assent forms be written at the grade level of the participant. An adult witness is required whenever child assent being sought.

**ASSENT FORM**

**(Title of Study)**

I agree to be in a study about (give general topic of study). This study was explained to my (mother/father/parents/guardian) and (she/he/they) said that I could be in it. The only people who will know about what I say and do in the study will be the people in charge of the study (modify if information will be given to parents, teachers, doctors, etc.).

(Provide here an overview, from the child’s perspective, of what he or she will do in the study. Write this so that a child of seven can understand it, e.g., “In the study I will be asked questions about how I solve problems. I will also be asked how I feel about my family and myself.”)

**Writing my name on this page means that the page was read by me and to me, and that I agree to be in the study. I know what will happen to me. If I decide to quit the study, all I have to do is tell the person in charge.**

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Child's Printed Name and Signature Date

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Researcher Printed Name and Signature Date

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

Witness’s Printed Name and Signature Date