**Informed Consent Form**

Child Assent Form

INSTRUCTIONS: [DELETE THIS SECTION BEFORE SUBMITTING FOR IRB REVIEW]

1. Statements in red are required and, if applicable, must be included in your Informed Consent Document. Instructions are in [brackets] and should be deleted.
2. Change font color of required statements to black.
3. Delete any sections that are not applicable to your research.
4. The Assent Form must be written in 2nd person (e.g., *you* are being invited to participate, *you* will be asked…).
5. The Assent Form should be written in lay language, easily understood, and approximately on the reading level of the child being asked to participate.
6. The page numbering inserted must be maintained
7. Your IRB number and expiration date will be provided by the IRB Administrator in your letter of approval. This information must be included on the Assent Forms. A copy of the Assent Form, including the IRB number and expiration date must be sent to the IRB office within 10 days of receiving IRB approval.
8. A copy of the Assent Form must be provided to the participant.
9. Ages of Assent:

Under 6: No assent is required. Provide to the IRB information about how you will ensure that the children want to participate and are not getting upset.

Ages 6-10: Verbal assent may be obtained. Verbal assent must be documented by PI and procedures for obtaining verbal assent described in the IRB application. Submit an assent script to the IRB for review. The script must be appropriate for the age and cognition of participants.

Ages 11-17: This age group must sign the assent document unless a waiver of signed consent has been submitted to and approved by the IRB.

Study Title:

Principal Investigator:

Department:

Contact Information: (phone number and email address)

Supervising UWG Faculty (if PI is a UWG student):

Department:

Contact Information:

|  |
| --- |
| SUMMARY [provide the participant the information a reasonable person would want to know in order to decide to take part in a research study.] |
| * Your parent has given me/us permission to talk to you about this project. * You are being asked to take part in a research study your participation is voluntary which means you do not have to say yes. * The research is about [describe your research topic-briefly]. * If you agree to be in the study, you will be asked to [list procedures, what participants are being asked to do, duration, and location-briefly]. * [Include if applicable] The risks or discomforts may include [list]. * [Include if applicable] The benefits to your child are [list direct benefits to participants].   Please ask questions before deciding if you want to take part in this research study. Your participation is voluntary, it is your choice to be part of the project or not. You can tell the researcher that you want to stop at any time. You may choose not to [e.g., answer survey question(s), continue with the interview, be audio recorded, etc.] |

**Purpose of the Study**

[In a way the child can understand, explanation of the purpose of the study and why the child is being asked to participate.] We are inviting you to be in this study because you are… We are interested in how…

Please read this form and ask the researcher [or teacher, if applicable] any questions you have.

**Description of Procedures**

What will be done during this study? If you agree to participate, you will be asked to…

[List all study procedures, where they will occur and how long it will take. Consider using a bullet list for ease of reading.]

**Discomforts**

[Describe any reasonable foreseeable risks, discomforts, inconveniences, including physiological risks/discomforts and how these will be minimized]

**Benefits**

[Describe any reasonable benefits or expected benefits to the participant or to society.] This study may not help you, but what we learn from the study may help other people.

**Alternatives**

Do I have other choices?

[If applicable, describe the alternatives open to the child, otherwise include the following statement:]

You do not have to be in this study if you don't want to.

**Will I receive any payment or gifts if I am in this study?**

[state any compensation such as gift cards, gift certificates, etc... and if there are any terms to receive the compensation (such as, they must complete x number of surveys]

**Confidentiality**

Will anyone know I am in the study?

[Explain in simple terms that the child’s participation in the study will be kept secret, but information about him/her will be used by the research team. Explain that the child’s answers, actions, or statements will not be told to parents or teachers.] We promise that anything we learn about you in this study will be kept as secret as possible.

**What happens if I feel uncomfortable or if I am harmed?**

We do not expect anything bad to happen, but if you are uncomfortable during the study please let us know right away. [If applicable: Your parents or guardian have been given information about what to do if you are harmed.]

**Voluntary Participation**

You do not have to do this. No one will be mad at you if you refuse to do this or if you decide to quit. You can ask any questions about the project before you agree. My contact information is at the top of this sheet, if you think of questions later, you can contact me or my university at irb@westga.edu or 678-839-4749.

**Signatures** [if participant will sign consent, delete verbal assent section including signature of witness]

I willingly agree to be in this research.

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Name of participant Signature of Participant Date

**Verbal Assent** – [If participant is under age 11 and verbal assent is being obtained:

1. Delete the signature line above
2. Have a witness to the child assent sign the statement below
3. Witness should also document if the child has agreed to being recorded
4. Delete the instructions within the brackets]

Signature of Witness to child assent:

The study has been explained to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name of child here) in language he/she can understand, and the child has asked any questions they may have and has agreed to be in the study.

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

Signature of Witness Printed Name of Witness Date & Time

**If your parent has agreed, is it okay for me/us to record you or take your picture?** [delete if not applicable]

Yes No (please circle).

**Researcher Signature**

I have explained the research to the child and answered all of their questions. I believe that the participant understands the information described in this consent form and freely grants permission to participate.

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

Signature of Research Team Member Printed Name of Team Member Date