WASHINGTON STATE UNIVERSITY

*(Insert name of department/college here)*

**Research Study Assent Form**

*(For 11-14 year age range)*

**Study Title:** [*Title as listed on IRB application*]

**Researchers:**

*List names, academic/staff positions, divisions/departments, telephone numbers of ALL investigators and co-investigators*

***NOTE:*** *Students should be listed as co-investigators with their advisor as PI*

My name is *(insert the name of the person who will approach the child during the assent process*). I am from Washington State University*.* I and the other people listed at the top of this form are inviting you to take part in a research study. Your parent(s) know we are talking with you about the study. This form will tell you about the study to help you decide whether or not you want to take part in it.

*For Assentt Forms* ***over*** *2,000 words:*

*As of January 21, 2019 Federal Law requires that subjects be given a concise and focused presentation of key study information before being given other information. The goal of this section is to assist potential subjects with understanding the reasons why one may or may not want to participate in the research.*

*For Assent Forms* ***under*** *2,000 words:*

*If the assent form is thorough, the Key Information Section may be deleted, so long as the same information is covered elsewhere in the assent form.*

**KEY INFORMATION ABOUT THIS STUDY**

*[Use the bullet points below and keep the formatting.]*

* Your assent is being sought for research. Participation is voluntary.
* Study Purpose *– A brief summary.*
* Major Activities of Subject Participation *– Activities the subject will have to complete or avoid.*
* Duration of Participation *– Time and length.*
* Significant Risks *– Those that are most likely or concerning.*
* Potential Benefits *– Those that are most likely.*
* Alternative Procedures *– Include alternative treatments or assignments.*
* *This is a clinical trial and should not be considered medical treatment.*
* *Any other important information*

**What is this study about?**

In this study, we want to learn about *(topic or very brief description of the purpose of the study in age appropriate language; should not be above the 5th to 7th grade reading level)*

*Examples:*

* *the affect that diet has on sleep patterns in kids your age.*
* *how the media affects attitudes about violence.*

**What am I being asked to do?**

If you decide to be in the study, we will ask you to *(describe what the child will be asked to do in language that is appropriate to the child’s age and maturity. If the child will be asked to do several things, describe each. Explain about how long each aspect of their participation will take).*

*Examples:*

* *Fill out a sheet listing everything you eat in a 24 hour period each day for 7 days.*
* *Watch videos of 6 TV commercials with 6 to 8 other teens and answer two sets of questions about each of the commercials. This will take about 90 minutes.*

*If media recording is to be part of the study, explain that here and let the child know that you won’t record them without their permission*

**What are the benefits to me for taking part in the study?**

*Describe potential benefits to the child, if any and those to society*

*Examples:*

* *Taking part in this research study may not help you in any way, but it might help us learn how to help other kids get more sleep.*
* *If you take part in this study, you might learn how to make nutritious snacks you like and ways to become more physically fit.*

**Can anything bad happen if I am in this study?**

*Don’t say there are no risks or that nothing bad can happen.*

*Describe potential risks to the child, including fatigue, boredom, pain, anxiety, etc., in simple language.*

*Explain what you will do to minimize those risks or handle the risks if they occur.*

*Examples:*

* *We think there are few risks to you by being in the study, but some kids might become anxious or sad because of some of the questions we ask. You don’t have to answer any of the questions you don’t want to answer. If you become upset, let us know and we will have (insert counseling service, or some other resource the child would recognize) help you with those feelings.*

**Who will know that I am in the study?**

We won’t tell anybody that you are in this study and everything you tell us and do will be private and confidential. Your parent may know that you took part in the study, but we won’t tell them anything you said or did, either. When we tell other people or write articles about what we learned in the study, we won’t include your name or that of anyone else who took part in the study.

*When relevant, the child should be informed that you must tell authorities or health professionals if you learn that the child has been hurt or might be hurt by another person, or might hurt themselves.* Although you will not be asked questions about…..*[use language above]* in this study, *[as professional educators/researchers]* we are required to report suspected abuse and neglect, risk of harm to self, or risk of harm to others if such information is told to us.

**Do I have to be in the study?**

No, you don’t. The choice is up to you. No one will get angry or upset if you don’t want to do this. And you can change your mind anytime if you decide you don’t want to be in the study anymore.

**What if I have questions?**

If you have questions at any time, you can ask us and you can talk to your parent about the study. We will give you a copy of this form to keep. If you want to ask us questions about the study, call or email

*(name of contact person) (local phone number and email address)*

The Washington State University Institutional Review Board has reviewed this study to make sure that the rights and safety of people who take part in the study are protected. If you have questions about your rights in the study, or you are unhappy about something that happens to you in the study, you can contact them at (509) 335-7646 or irb@wsu.edu.

Do you have any questions about the study now?

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IF YOU WANT TO BE IN THE STUDY, SIGN AND PRINT YOUR NAME ON THE LINE BELOW:

*If relevant: Put an X on this line if it is okay for us to record you \_\_\_\_\_\_\_\_\_\_*

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

Sign your name Date

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

Print your name

**Statement of Person Obtaining Assent**

I have carefully explained to the child taking part in the study what he or she can expect.

I certify that, to the best of my knowledge, the child understands the purpose, procedures, potential risks and benefits of the study and his or her rights as a participant.

I also certify that he or she:

* Speaks the language used to explain the research
* Reads well enough to understand this form or, if not, this child is able to hear and understand when the form is read to him or her
* Does not have any problems that could make it hard to understand what it means to take part in this research.

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Signature of person obtaining assent Date

*Note: For lower risk studies or studies with a large number of participants (mass administered questionnaires, etc.) it may be permissible for the PI to sign and date one copy and make copies of the informed consent document for participants.*