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SAMPLE (Minors 5-12 yrs. Old or Cognitively Impaired)

Assent must be written in language appropriate to the age/cognitive ability of the group. Depending on the age/cognitive ability, you may use the standard Informed Consent template or adapt this template

Assent for Research Participation

Study Title: [Title]
Researcher(s): [Name], Binghamton University

Why are you meeting with me?
We want to tell you about something we are doing called a research study. A research study is a special way of collecting a lot of information to learn more about something. [PI's Name] and some other researchers are doing a study to learn more about [purpose of the study in simple language].

Who can be in this study?
We are asking if you want to be in this study because [explain inclusion criteria].

What will happen to me if I am in this study?
Only if you agree, [#] things will happen:

1. [Number each procedure that is part of the study]
2. XXX
3. XXX

How long will I have to be in this study?
You only have to be in this study as long as you want, but we think it will take about [duration of time] if you want to take part in the full study.

Can something bad happen to me if I am in this study?
[Explain any potential risks in simple language].

One of the statements (written in an age appropriate manner) must be in this document.

Identifiers might be removed from identifiable private information and/or identifiable specimens. After identifying information is removed, the information and/or specimens could be used for future research studies or distributed to another researcher for future research studies without your approval.

Or

Your information and/or specimens will not be used or distributed for future research studies even if all identifying information is removed.

Will something good happen to me if I am in this study?
Not everyone in the study will have something good happen to them, but we hope to learn something that will help other people someday.

Do I have to be in this study?
No, you don't. No one will be mad at you if you don't want to do this. If you don't want to be in this study, just tell us. Remember, you can say yes now and change your mind later. It's up to you.

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Will anyone else know if I am in this study?
Your parent, the researcher(s), and [list others such as teachers or classmates] will know that you are in the study, but if we decide to share any of the information we find out, we will take your name out so these people and anyone else will not know if it is about you.

Questions?
You can ask questions any time. You can ask now or you can ask later. If you want to talk with me below is how you can reach me:

- [Researcher Name]
- [Researcher Phone Number and Email]

If you want to talk to someone else, you can contact the Binghamton University Institution Review Board:

- hsrrc@binghamton.edu / (607) 777-3818

☐ **If you don't want to be in this study, check this box.**
☐ **If you want to be in this study, check this box.**

The researcher will give you a copy of this form to keep.

_____	_____
Name of Minor (print)	Date

Signature of Researcher Conducting Assent Discussion

I have explained the study to _____ (print name of child here) in language he/she can understand, and the child has agreed to be in the study.

_____	_____	_____
Name of Researcher	Signature of Researcher	Date