**SAMPLE ASSENT FORM**

**[Insert title of research here. This should be written on a 3rd to 4th grade reading level]**

**Introduction**

My name is [provide full name] [work or go to school] at New York Institute of Technology. I am inviting you to participate in a research study about [insert the topic of the study in simple language].

Your parent knows about the study, and gave permission for you to be involved. This form will tell you about the study to help you decide whether or not you want to take part in it.

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

If you decide to be in the study, I will ask you to [describe in simple language that is appropriate for the child’s age and maturity. If several things, describe each one in sequence the child will experience. Explain how long each activity will last. If you are going to audio or video record, you should mention it here and explain that you won’t record the child without their permission.]

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

If you take part in this study, you might [explain the benefit for the child in simple language, if applicable] [If there are no direct benefits to the child, use the following statement. Taking part in this study may not have direct benefits to you, but it will help me learn [explain what the researcher will gain in simple language].

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

I do not expect anything bad happening to you but some kids [describe potential risks/inconveniences to the child…Explain what you will do to minimize or handle those risks. For example, if you become tired, let me know. We will take a short break.]

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

If you decide to be in the study I will not tell anyone else how you respond or act as part of the study. Even if your parents or teachers ask, I will not tell them about what you say or do in the study.

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

No, you don’t. The choice is yours. 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 about the study, you can ask me now or anytime during the study. You can also call me at [insert your phone number] or email me at [insert your nyit.edu email address]. [If this is a student research project, include the contact information for the faculty advisor]. If you have any questions about your rights as a participant in this research or if you feel you have been placed at risk, you can contact the IRB Office at grants@nyit.edu or 516-686-7488. You will receive a copy of this form for your records.

Signing here means that you have read this form or have had it read to you and that you are willing to be in this study.

**Signature**

I willingly agree to participate in this research study. I understand what \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has told me and I want to be in this study.

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| --- | --- |
| **Child Printed Name:** |  |
| **Signature:** |  | **Date:** |  **/ /** |
| **PI Name:** |  |  |  |
| **Signature:** |  | **Date:** |  **/ /** |