

*Sample Assent Form (PLEASE ADAPT TO YOUR PROJECT PROPOSAL; please be aware that the language used in the assent form will need to be appropriate to the age of minor you will be including; as shown below, this would be for an older, at least teenage, child. A small child would need very simple language and understanding that no one is going to be mad at them if they do not participate. There are many examples online of sample assent forms for children of all ages and you are encouraged to adapt appropriate forms as needed. Note also that it is acceptable to obtain oral assent from non-literate study participants, but records of when, how, where, and who collected the oral consent must be made).*

*Minimum Information that should be included in an assent form:*

- *explanation of purposes of research*
- *expected duration of subject's participation*
- *description of procedures*
- *identification of any procedures that are experimental*
- *description of any foreseeable risks or discomforts*
- *description of steps taken to ensure confidentiality*
- *explanation of whom to contact for answers to any questions*
- *statement that participation is voluntary, that subjects can withdraw without penalty at any time*
- *opportunity for child to say "no" even if parent has said "yes."*

## **Assent Form**

### **Complete Title of Research Project**

#### **Introduction**

You, \_\_\_\_\_, have been asked to be in this research study, which has been explained to you by \_\_\_\_\_. This study is being conducted by \_\_\_\_\_ [list all investigators - full names and degrees] in the Department of \_\_\_\_\_ at \_\_\_\_\_ [Kalamazoo College] with funding provided by \_\_\_\_\_ [if appropriate] or sponsored by \_\_\_\_\_ [if appropriate].

[For SIPS:]

This research is being conducted to fulfill the degree requirements for Bachelor of Arts at Kalamazoo College, under the supervision of Dr. \_\_\_\_\_ [provide name and degrees of your faculty advisor].

#### **Purposes of the Study**

The purpose of this study is to learn more about \_\_\_\_\_.

#### **Description of Procedures**

This study involves \_\_\_\_\_ [describe procedures in appropriate detail; e.g. answering questions about your music preferences] and will take approximately \_\_\_\_\_ [state how long it will take to participate in the study] for you to complete.

You will be asked to fill out a questionnaire regarding \_\_\_\_\_ [state what the questionnaire is about]. This will take approximately \_\_\_\_\_ [state how long it will take to complete the questionnaire]. You do not have to answer all the questions. You will have the opportunity to see the questionnaire before signing this consent form.

### **Risks and Discomforts**

There are no known or expected risks for participating in this study, except for the mild frustration associated with answering the questions. You may decide at any time to quit the study.

### **Benefits**

You may not receive any direct benefit from this study. The knowledge gained from this study may eventually benefit others.

### **Financial Considerations**

No payments will be made for participating in this study.

### **Confidentiality**

Any information about you that is obtained as a result of your participating in this research will be kept as confidential as legally possible. Your research records and test results, just like hospital records, may be subpoenaed by court order or may be inspected by federal regulatory authorities without your additional consent.

In addition, there are certain instances where the researcher is legally required to give information to appropriate authorities. These would include mandatory reporting of infectious diseases, mandatory reporting of information about behavior that is imminently dangerous to you or to others, such as suicide, child abuse, etc.

Audiotapes or videotapes will be kept locked and will be destroyed as soon as possible after the research is finished.

In any publications that result from this research, neither your name nor any information from which you might be identified will be published without your consent.

**Voluntary Participation**

Participating in this study is voluntary. You are free to withdraw your consent to participate in this study at any time.

No one will be mad at you if you refuse to do this or if you decide to quit.

You have been given the opportunity to ask questions about the research, and you have received answers concerning areas you did not understand.

My parent/ guardian knows about this study and wants me to be in the study if I want to. I do want to be in the study, but I know that I can stop being in the study at any time I want to. I know that the person doing this study can talk about the study with my parent/ guardian, but will not talk about it with anyone else who is not working on the study unless I and my parent/ guardian say it is OK.

I willingly consent to participate in this research.

\_\_\_\_\_ Signature of Subject  
\_\_\_\_\_ Printed Name  
Date \_\_\_\_\_ Time \_\_\_\_\_

The child has had the opportunity to have questions addressed. The child willingly agrees to be in the study.

\_\_\_\_\_ Signature of Investigator  
\_\_\_\_\_ Printed Name  
Date \_\_\_\_\_ Time \_\_\_\_\_

**Contact Persons**

Form more information about this research, you may contact \_\_\_\_\_ at \_\_\_\_\_. This research has been approved by the Institutional Review Board of Kalamazoo College for research with human subjects.