



University of Arkansas
CHILD ASSENT TO PARTICIPATE IN RESEARCH

This form is recommended for minors ages 7-12, but may be used for subjects up to age 17.

[Insert title of your study in a large font.]

My name is [identify yourself to the child].

We are asking you to take part in a research study because we want to learn more about [describe your study in age appropriate language].

If you agree to be in this study, we will ask you to [using age appropriate language, describe what the child will be asked to do and how many times and/or how long it will take].

[Describe any risks or discomforts the child may experience as a result of their participation in the research. For example, "You may feel uncomfortable talking the times you get angry and why."]

[Describe benefits to the child. If the child will not directly benefit from participation in the research, say so. ]

[If the child will receive payment for participating, please describe. For instance, "You will be given a book you choose from this list to take home."]

Please talk this over with your parents before you decide whether or not to participate. We will also ask your parents to give their permission for you to take part in this study. But even if your parents say "yes," if you don't want to be in this study, you don't have to participate. Remember, being in this study is up to you and no one will be upset if you don't want to do this. If you do participate and later change your mind, you can stop participating at any time. Nobody will be angry or upset with you.

You can ask any questions that you have about the study. If you have a question later that you didn't think of now, you can call me [insert your telephone number].

Signing your name below means that you agree to be in this study. You and your parents will get a copy of this form.

NAME OF STUDY PARTICIPANT

Printed Name of Participant Signature of Participant Date

SIGNATURE OF PERSON OBTAINING ASSENT

In my judgment the participant is voluntarily and knowingly agreeing to participate in this research study.

Name of Person Obtaining Assent Contact Phone Number

Signature of Person Obtaining Assent Date