**Informed Assent Agreement**

**Please read this assent agreement or listen carefully as it is read to you before you decide to participate in the research study. You are being given a copy of what you read or what is read to you – keep your copy.**

NOTE to research team: Adjust the preceding statement in accordance with protocol and child’s reading level, as needed. Remove all prompts/suggestions within brackets and in yellow highlight before submitting for approval.

**Project Title:**

**Introduction:** My name is [first and last, or just first; depends on child’s environment and age] and I am a [student, faculty member, teacher, researcher; select language appropriate for the child’s age] from the [department or program] at Lynchburg College. I am asking you to participate in this research study because you are [selection criteria or inclusion criteria]. The other people helping me with this research study are [names of other research team members who will be interacting with the child; from here on you may adjust the first person singular language to reflect the first person plural if that is the “team” approach you are wishing to clearly convey to the child].

**Purpose:** In this study, I am trying to learn more about [here you will talk about the purpose of the study in terms that are age-appropriate and reading level appropriate, but do not obfuscate; try to avoid the use of technical and methodological jargon, but at the same time do not hide any aspects of the study].

**Participation:** This study will take place [the location or setting of the study]. You will do the following today: [clearly describe the activities or other items that the child will be doing as a part of her/his participation in this study.].

**Time Required:** All of this should take about [time commitment; be specific, and provide description if necessary; e.g., this should take about thirty minutes, or about the same amount of time as your typical lunch period.].

**Risks & Benefits:** [Use this space to clearly describe the potential risks or discomfort associated with participation, what the child should do if she/he experiences risk or discomfort, and the potential benefits (direct and indirect) of this study. Do not make promises to the child. As with adult consent, compensation is not a benefit and extra credit is not a benefit. Those are to be listed under “payment” and “voluntary participation” sections, respectively. Consider direct and indirect risks, discomforts, and benefits. For example, if the potential benefit is for the teacher to learn more about how to be a better teacher, then tell the child that in this section. There is no such thing as *no/zero* risk or discomfort, but there is a designation of “no foreseeable risk or discomfort;” however, that is a complicated phrase for most children so it is necessary to find a more appropriate way to phrase that. There must be a potential benefit listed.]

**Payment [you can also use terms like “reimbursement” and “compensation” based on reading level and age-appropriate language]:** You or your parent [specify which] will receive [insert compensation or reimbursement here] for your participation in this study. In order to get this, you or your parent [specify which] need to [insert conditions for receipt of the compensation or reimbursement.]

**Voluntary Participation:** I have already asked your parents if it is okay for me to ask you to take part in this study. Even though your parents said I could ask you, you still get to decide if you want to be in this research study. You can also talk with your parents, grandparents, and teachers [list adults **as appropriate**] before deciding whether or not to take part. No one will be upset if you do not want to participate, or if you change your mind later and want to stop. You can also skip any of the questions you do not want to answer. If you want to stop participating just tell me.

**Privacy:** We will not tell anyone that you said something – your name will not be linked with your answers. Your answers to the questions I ask on the survey will be put in a locked location at Lynchburg College in my office [or specify office location/person’s name responsible for records].

**Questions:** If you have any questions or would like additional information about this research, please contact me, [repeat your name again, first and last], at [at least one way of contacting the researcher that is appropriate for the child’s age and resources]. [If a student, insert the following statement, “You can also contact my faculty research sponsor, who is the Principal Investigator (PI) for this project and is supervising my work on the study, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [list email and phone number for faculty mentors].] The Lynchburg College Institutional Review Board (IRB) for Human Subjects Research is the office that makes sure that this research project is not going to harm you. They have approved this project and gave it a special number: [leave this blank; Dr. Foreman-Kready will fill this in once your study is approved; make sure you submit this form as a WORD DOCUMENT]. You may contact the IRB Director and Chair, Dr. Sharon Foreman-Kready at 434.544.8327 or irb-hs@lynchburg.edu with any questions about what you do with this research study or if something that happens in this study makes you feel uncomfortable. [Do not alter the final two sentences in this section except to modify for appropriate reading and comprehension level.]

**Agreement:** Please sign your name below, if you agree to be part of my study. I will give both you and your parents a copy of this form after you have signed it. If you don’t know how to write your name, then you can draw me a smiley face, and that will let me know you agree to be part of my study. [Include the last sentence only if the child is young or has limited writing capabilities.]

Signature of Participant

 Date

Printed Name of Participant

Signature of Researcher

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Researcher

Signature of Witness\*

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Witness

\*Witness signature is only required for full board review study proposals; Remove the signature block for witness if the study is not a full board proposal.

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