

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

CHILD ASSENT FORM

[STUDY TITLE HERE]

My name is [researcher name]. I am trying to learn about [insert topic of study in simple language] because [explain research purpose in age-appropriate language].

I would like to ask you if you would like to be in my study? If you would like to be in my study, you will [explain all tasks and procedures clearly and simply].

Your parents or guardian have said that it's OK for you to be in the study but you get to choose if you want to do it or not. If you want to be in the study now and change your mind later, that's OK. You can stop at any time.

My telephone number is [researcher's telephone number] in case you or your parents want to call me if you have questions about the study or if you decide you don't want to be in the study any more.

I will give you a copy of this form in case you want to ask questions later.

I [participant's name] agree to be in the study about [research title]. [Name of researcher] has answered all my questions. I know my parents or guardian have said it is OK. The only people who will know about what I say and do in the study will be the people in charge of the study.

Writing my name on this page means that the page was read [circle one] (by me/to me) and that I agree to be in the study. I know what will happen to me. If I decide to quit the study, all I have to do is tell the person in charge.

Name of Participant (please print)

Participant's Signature

Date

Principal Investigator

Date