Note (REMOVE THIS TEXT BEFORE SUBMITTING):

*Blue text in brackets is information that should be entered. Red text is optional, sample phrasing.*

*Edit this document to accurately reflect your project and IRB requirements.*

**[Title of Project]**

**Informed Assent for Children [Surveys or Interviews or Focus Groups]**

[PI name], from the [Department of department name or organization name] is conducting a research study to learn if [briefly describe the purpose of the study]. You are being asked to be in this study because [inclusion criteria].

If you decide to be in the study, we will ask you to:

* Take a test
* Answer questions
* Let us look at your schoolwork
* Play a game

Some of the things we ask you to do might be [list risks, if any]. We will try to make sure nothing bad happens if you are in the research study.

Your parent or guardian has already given permission for you to be in the research study, but it is up to you to say “Yes” or “No”. No one will be upset if you say “No”. You can say “Yes” now and change your mind later. You get to decide if you want to do be in the study.

You can ask questions at any time. Do you have any questions now?

..,, saying “yes”

If you are requesting waiver of documentation of consent (no signature), delete the lines below.

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Name of Minor Participant Signature of Minor Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Name of Research Team Member Signature of Research Team Member Date