**CHILD ASSENT FORM INSTRUCTIONS**

[If a potential subject is a child and/or ward and is older than 7 or 8 years of age, you are urged to consider the use of a child assent form. You are encouraged to model your child assent form after this child assent form. If you choose not to use this format, your child assent form must at a minimum include the same elements as this model and the required texts. Before using this model, remove all text in brackets. In addition, your consent form should be printed on university letterhead.]

## **COLORADO MESA UNIVERSITY**

## **CHILD ASSENT FORM**

**TITLE OF PROJECT**

**[Insert title here]**

**STUDY SUMMARY**

You are invited to participate in a research study. Taking part in this research is voluntary and you can withdraw at any time. Your [parent(s) or guardian(s)] were asked if it is ok for you to be in this study. Even if [parent(s) or guardian(s)] say it’s ok, it is still your choice whether or not to take part. You will not get into any trouble with [Colorado Mesa University, and/or your school and/or your teacher, etc.] if you say no.

**Purpose**

The purpose of this study is to [insert a brief age appropriate, non-technical description of the study’s purpose here].

**Procedures**

If you choose to participate in this study, you will be asked to [identify the research activities the subjects will be asked to complete; give age appropriate details of each activity (i.e., what, when, where and how)]. This will require approximately [identify how much time your study will take a subject to complete].

**[Alternative Procedures**

Include this section only if alternative procedures or courses of treatment exist that might be advantageous to the participant. Include the alternate research activities available to the subject; give age appropriate details of each activity (i.e., what, when, where and how) and identify how much time your study will take a subject to complete].

**Potential Risks, Discomforts and Inconveniences**

**Potential risks, discomforts and inconveniences may** include [insert an age appropriate brief description of the study’s risks, discomforts and inconveniences].

**Potential Benefits**

Potential benefits of this study may include [insert age appropriate brief description of potential direct benefits to subjects, or identify if there are no direct benefits to the subjects].

**RIGHTS OF THE RESEARCH SUBJECTS**

**Your participation in this research is voluntary. If you decide to participate, you may leave this study at any time. If you do not like a question, you do not have to answer it, and if you ask that your answers not be used in the study, they will be removed. No one will know your answers, including [name people that will not have access to answers (i.e. strangers, parents, other children, teachers, etc.)]. You can ask any questions you have, now or later. If you think of a question later, you or your parents can contact me [and/or another one of the researchers] and I [and/or he/she] will answer it.**

**STUDY CONTACTS**

**Primary Investigator**

**[Identify the primary investigator by name and include credentials, institutional affiliation and appropriate contact information (e.g., physical address, e-mail address, phone number, etc.)]**

**Co-Investigator(s)**

**[Identify the co-investigator by name and include credentials, institutional affiliation and appropriate contact information (e.g., physical address, e-mail address, phone number, etc.). This should be done of each co-investigator.]**

**SIGNATURE OF ASSENT FOR RESEARCH SUBJECT**

**You can sign this form if you:**

* **understand your participation is voluntary,**
* **understand the procedures (what you will be doing) and conditions of your participation, in this study,**
* **have had all of your questions answered to your satisfaction, and**
* **have talked to your [parents(s) or guardian(s)] about participating in this study, and**
* **agree to participate in this study.**

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**Printed Name of Child or Ward**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Child or Ward Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Primary Investigator**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Primary Investigator Date**