Assent to Participate in Research Activities (Minors)

Insert Title of Research

**IMPORTANT:** All words appearing in red on this form should be REPLACED with information in black OR deleted altogether. Don’t forget to change the material above in the address.

1. My name is [identify yourself to the child by name].

2. I am asking you to take part in a research study because we are trying to learn more about [outline what the study is about in language that is appropriate to the child's maturity and age.].

3. If you agree to be in this study [describe what will take place from the child's point of view in language that is appropriate to the child's maturity and age.] Be sure to include all procedures (e.g. “We will talk with you about your experiences and record your talk on a recorder. We will also look at records of your learning”) that the child will take part in and modify for child’s level of understanding.

4. [Describe any risks to the child that may result from participation in the research.] Examples: Being in this study should not harm you in any way OR It is possible that you might feel bad when answering some of the questions. If you do, please come and talk to me.

5. [Describe any benefits to the child from participation in the research.] Sample: You might find being in this study teaches you something about how you learn OR You will not get any benefits from being in this study but you might enjoy it.

6. 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 participate or if you change your mind later and want to stop. If you change your mind, please tell me.

7. 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 at [insert your telephone number].

8. If you agree to participate, I/we will share the information with other people in the form of presentations and publications. Include information here about how their identity will be concealed/protected. I/we will keep these records [include information about storage of the data].

9. Signing your name at the bottom means that you agree to be in this study. You will be given a copy of this form after you have signed it.

<table>
<thead>
<tr>
<th>Participant’s Signature</th>
<th>Date</th>
<th>Participant’s Printed Name</th>
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| Participant’s Age | Grade in School |