## \*\*\*This assent form template is intended for younger children (~8-12 years old). If your subject population includes older children, please consider using the HRP-502.A template\*\*\*

## Research Study Name: (Insert title of research study here with VT IRB protocol number, if applicable.)

## Person Leading The Research: (Required: insert name of principal investigator as well as contact information, phone number and e-mail required.)

**Other study contact(s):** *(Optional: insert names as well as contact information.)*

## Hello, my name is (insert name of the study team member conducting the assent process) and I am a researcher from Virginia Tech. I would like to talk with you about something called a research study and see if you would like to join. You do not have to join and can always change your mind later if you want to.

## What Is A Research Study?

## A research study is a way to learn new things.

## Why Are We Doing This Research?

## For this research study, we would like to learn more about (Describe the purpose of the study in age-appropriate terms, using plain language and short sentences.)

## Why Am I Being Asked to Join This Research?

## You are being asked to join this research study because (Fill in the circumstance or condition that makes subjects eligible for the research.)

**What Will Happen During the Research?**

If you join the study, you will be asked to *(Describe the procedures. Include the number of visits and timeframe in terms a child would know and understand. If practical, prepare a timeline chart or schematic to accompany descriptions of procedures and tests for research that requires more than one or two steps/visits.)*

**Could This Research Be Bad For Me?**

It is possible that some problems might happen during this research. : *(Describe possible risks and what will be done to minimize or manage the risks and how the subject should respond if the risk were to occur. If risks are very minor, compare the study-related risks to the risks associated with activities children may encounter during common activities. For example, for confidentiality risks associated with filling out an online survey, say “Risks are like completing and submitting homework online”.)*

**Could The Research Help Me?**

We do not know if you will be helped by being in this study. We may learn something that will help other children with *(circumstance or condition)* in the future.*(Please limit the benefits section to one or two sentences. Please do not overstate the benefits or include payment(s) in the this section.)*

**What If I Have Questions About The Research?**

You can ask \_\_\_\_\_\_\_\_\_\_\_ *(Insert investigator names and refer to their contact information listed at the beginning of the form)* questions at any time about anything in this study. You can also ask your parent or guardian any questions you might have about this study.

If you have questions, are angry or are upset about something that happened while in the study, and/or are unable to reach the researchers, please tell your parent or guardian to contact the Virginia Tech Human Research Protection Program at 540-231-3732 or [irb@vt.edu](mailto:irb@vt.edu).

**What If I Don’t Want to Join This Research?**

You do not have to join this research study. It is up to you. You can change your mind or stop at any time. No one will be upset if you don’t want to be in the research study anymore.

**What Else Should I Know About This Research?**

*(Describe whether there is payment for participation. If so, state the amount and whether the child or the parent will receive the payment. Consider describing the reason for payment, method, and timing, as applicable, based on considerations such as the child’s age, maturity, and degree of literacy. If compensation will include a drawing, include the following. Odds are usually described as “1 in X”, depending on the number of subjects and the number of drawings. Otherwise delete.)*You can choose to be included in a drawing for $\_\_\_\_. The odds of receiving $\_\_\_\_ are 1 in \_\_\_\_ *(Depending on the number of subjects.)*

If you would like to be in this study, please print and sign your name in the spaces below *(remove if not obtaining documentation of assent. See guidance below regarding when obtaining written documentation is appropriate)*. We will give you a copy of this form to keep for yourself.

**Signature Block for Children** *(When determining whether or not to obtain written assent, take into consideration the child’s age, maturity, and degree of literacy. The IRB may require that documentation of assent is obtained in certain cases. Use this signature section when you will be obtaining written assent.)*

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| Participant’s Printed Name |
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Participant’s Signature Date

*(remove signature line if participant is unable to provide a written signature)*

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| Printed name of person obtaining assent |  |  |
| Signature of person obtaining assent |  | Date |