**INSTRUCTIONS**: **Use this template to structure your assent form. Text in brackets and capitals are instructions for content for each section and should be deleted. The text in each section is provided as a suggestion. Some of the information in this form may not be relevant to your study and can be deleted. You should also add any information that applies to the study but is not in this template. The language in this form should be age-appropriate for an older child (12-17 years).**

**DELETE THIS BOX PRIOR TO SUBMITTING YOUR ASSENT FORM TO THE UHSRC.**

**Assent Form**

**Introduction**

* You are being asked to participate in a research study. Research studies are conducted by scientists or other researchers to answer questions and learn new things.
* The researcher conducting this study is [PRINCIPAL INVESTIGATOR NAME]. [IF PI IS A STUDENT, ADD THE FOLLOWING SENTENCE: [PI NAME] is a student. His/her supervisor is [ADVISOR NAME].] In this form [PI NAME] will be referred to as the investigator.
* The purpose of this study is to [EXPLAIN PURPOSE OF STUDY IN ONE SENTENCE].
* Please read this form carefully and ask any questions you have before deciding to participate in this study.

**Study Procedures**

* If you agree to participate in this study, we will ask you to [DESCRIBE STUDY PROCEDURES. USE ADDITIONAL BULLET POINTS AS NECESSARY].
* Your participation will last for [XX] study sessions, with each session lasting [XX MINUTES/HOURS].
* [IF THERE ARE ALTERNATIVES TO PARTICIPATION, EXPLAIN HERE].

**Risks**

* [LIST RISKS HERE. SEE FOLLOWING BULLET POINTS FOR EXAMPLES.]
* There is a risk that people outside of the research study might find out some of your information. The investigator will do his/her best to protect your information, but cannot guarantee complete confidentiality.
* You might feel uncomfortable answering some of the questions in the interview/survey. You do not have to answer any questions that make you feel uncomfortable. If any questions make you feel uncomfortable, you can also talk to the investigator about this, take a break, or stop the study.

**Benefits**

* [LIST BENEFITS HERE. SEE FOLLOWING BULLET POINTS FOR EXAMPLES]
* You will not benefit from participating in this study.
* Other people might benefit from this study. [EXPLAIN HOW OTHERS MAY BENEFIT]

**Confidentiality**

* The investigator will do everything he/she can to protect your information. However, the investigator cannot guarantee complete confidentiality.
* [DESCRIBE PROCEDURES FOR DATA CODING/DE-IDENTIFICATION HERE]
* [DESCRIBE PROCEDURES FOR DATA STORAGE HERE].
* [IF PI IS A MANDATED REPORTER, ADD MANDATORY REPORTING LANGUAGE HERE]

**Payments**

* [DESCRIBE COMPENSATION HERE, IF ANY. IF SUBJECTS WILL NOT BE COMPENSATED, THIS SHOULD BE STATED].

**Voluntary Participation**

* The decision to participate is up to you. You can refuse to participate in this study now or at any time. You can choose to participate and then, at any time during the study, choose to stop participating.
* Your parents will also be asked to give permission for you to participate. Even if your parents let you participate, you can still refuse to participate.
* If you choose to participate and change your mind, you can ask the investigator to destroy all of your information collected. Please be aware that any published information cannot be destroyed.

**Contact Information**

* If you have questions about this study at any time, you can contact the investigator, [PI NAME] at [PI PHONE] or [PI EMAIL]. [IF PI IS A STUDENT, ALSO ADD THE FOLLOWING SENTENCE: “You can also contact [PI NAME]’s advisor, [ADVISOR NAME], at [ADVISOR PHONE] or [ADVISOR EMAIL] with any questions.
* If you have questions about your rights as a research participant, you can contact the Eastern Michigan University Human Subjects Review Committee (UHSRC) at 734-487-3090 or [human.subjects@emich.edu](mailto:human.subjects@emich.edu). The UHSRC reviews and monitors research studies to make sure that participants’ rights are respected.

**Assent Statement**

* By signing below, you indicate that you have read this form, that all of your questions have been answered to your satisfaction, and that you agree to participate in this research study.

**Signatures**

Name of Participant (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**………………………………………………………………………………….**

**[IF USING AUDIO OR VIDEO RECORDING, USE THIS SECTION FOR SIGNATURES:]**

I agree to be [AUDIO/ VIDEO] recorded:

Name of Participant (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_