|  |
| --- |
| Instructions for use of this template:   * Use this template to create an **assent form** for children aged 7-12 to sign or mark with an X to show agreement to participate in a research study. There is an oral script template for assent from children aged 3-6 and a combined parental permission and child assent template for children aged 13-17 (see <https://www.cuny.edu/research/research-compliance/human-research-protection-program/hrpp-policies-procedures/>) * Red *italicized* text within <pointed brackets> provides instructions on the content of study-specific information that must be provided. Actual wording should be in black and not italicized. * All added information should be in simple sentences in lay language, avoiding or defining technical terms. * The submitted version of the assent form should have all red text deleted, including this instructions box. * See “CUNY HRPP Policy: Consent Process and Documentation” and “CUNY HRPP Policy: Children as Research Subjects” for additional information |

**THE CITY UNIVERSITY OF NEW YORK**

**ASSENT TO PARTICIPATE IN A RESEARCH STUDY**

*<enter name of subject population if >1 child assent form for study>*

**Title of Research Study:** *<enter title of study>*

**Principal Investigator:** *<enter name and degree(s) of PI>*

*<enter CUNY title of PI>*

*<enter CUNY department and college of PI>*

[Include if there is a Faculty Advisor; otherwise, omit section] **Faculty Advisor:**   *<enter name and degree(s) of Faculty Advisor>*

*<enter CUNY title of Faculty Advisor>*

*<enter CUNY department and college of Faculty Advisor, if different from PI’s>*

[Include if there is a Sponsor; otherwise, omit section] **Research Sponsor**: *<enter name of research sponsor/funder>*

* This is a form for you to let us know if you want to be part of our research study
* Research is a way to find out new things
* Our research is about *<describe what the study is about in simple language>*.
* If you agree to be in this study *<describe what will take place from the child’s point of view in simple language>*
* *<Describe any risks or discomforts the child may experience due to participation in the research>*
* *<Describe any benefits to the child from participation in the research>*
* You can talk this over with your parents
* You and your parent will have to say “yes”
* Even if your parents say “yes” you can still say “no”
* If you don’t want to be in this study, you don’t have to
* Being in this study is up to you
* No one will be upset if you say “no” now or later
* You can ask any questions that you have about the study. If you think of a question later, you can call or text me at *<insert contact number>*
* Writing your name or marking an X next to the “yes” below means that you agree to be in this study.
* You and your parents will be given a copy of this form after you have signed it.
* If you want to participate in this research, you can write your name or draw an X on the line below

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name or X

**Signature of Individual Obtaining Assent**

I have talked to the child about this study. I believe that the child understands the study and agrees to participate.

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Printed Name of Child Age of Child

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

Printed Name of Individual Obtaining Assent

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

Signature of Individual Obtaining Assent Date