

**Template for Verbal Assent Script for Children Ages 5 – 12**

**Instructions:** This template provides suggested language for verbal child assent for children between the cognitive ages of 5-12. Child assent should be sought only after written parental permission for the child’s participation is obtained. Assent language should be modified as necessary to be age-appropriate for the specific study population. The IRB recommends that the researcher check the readability level using the “Readability Statistics” function in Word to assure appropriateness of language. For the 5-12 age group, assent may be obtained verbally. Unless specifically required by the IRB, signature of the child is optional. The decision of whether or not to obtain the child’s signature should depend on the age of the child and the nature of the study. Note that a formal assent process is generally not required for children under age 5. The Consent Form template used for adults should be adapted, with age-appropriate language, to serve as a written and signed assent for participants ages 13-17 or the assent template for older youth may be used.

**Please remember to remove this instruction header from your assent document before submitting it to the IRB for review and delete all RED text before submitting this form to the IRB.**

Hi. My name is [*researcher’s name*]. I’m a [*teacher at a college/student at a college*]. Right now, I’m trying to learn about [*insert topic of study in simple language*]. I would like to ask you to help me by being in a research study. A research study is a way to learn more about something. You are being asked to join the study because *[insert reason for inclusion*].

You do not have to be in this study. It is up to you. You can say okay now to be in the study and change your mind later. All you have to do is tell us when you want to stop. No one will be upset if you don’t want to be in the study or if you change your mind later.

I will ask you to [*describe what will take place using appropriate language from the child’s point of view, including the time involved. If the study involves specific questions and if appropriate, indicate that there are no right or wrong answers.*

***If you will be audio or video taping the child:***

We will want to record you during the study as you *[answer questions or complete the activities].*  If you do not want to be recorded, that is okay too. Just tell us if it makes you uncomfortable.

***If the study involves risks****, explain them in child-friendly language*. By being in the study, you will help me understand [*the research question]. If there are direct benefits to the child, briefly explain them*.

Your [*parents, teacher, classmates*] will not know what you have [*said/written/drawn/chose/other activity the child is being asked to do*]. When I tell other people about my study, I will not use your name, and no one will be able to tell who I’m talking about.

Your [*mom/dad/guardian*] says it’s okay for you to be in my study. But if you don’t want to be in the study, you don’t have to be. What you decide won’t make any difference [*with your grades/about how people think about you/other appropriate statement for the age group and nature of the activity*].

You can ask me questions about the study. If you have a questions later that you don’t think of now, you can call me or ask [*your parents/teacher*] to call me or send me an email.

Do you have any questions for me now?

Would you like to be in my study and [*talk to me/answer some questions/draw some pictures/play a game/begin whatever activity is planned*].

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Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parental Permission on File:  Yes  No

(If “No”, do not proceed with assent or research procedures.)

Child’s Voluntary Response to Participation:  Yes  No

Signature of Researcher:

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

(Optional) Signature of Child:

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