**IMPORTANT INSTRUCTIONS FOR THIS FORM: BEFORE FINALIZING & PRINTING THIS DOCUMENT REMOVE THIS TEXT & ALL BLUE INSTRUCTIONAL AND EXAMPLE TEXT**

- Please follow instructions in brackets and colored text.

- Delete all instructions from this form. We will not edit formatting before approval.

- Avoid using technical language and jargon. Write your consent form in a way that will be understandable to your participants.

**Before submitting this document, please read through and edit this form to make sure text is black, size 12 font, and all parentheses, brackets, and instructional and example text have been removed.**

**California State University, Channel Islands**

**CHILD ASSENT TO BE IN A HUMAN RESEARCH PROJECT**

[For ages 9yrs to 12yrs, if the child does not understand the form then do not use an assent form, but obtain verbal assent if they are able to understand the study. If younger than age 9 or the child does not understand the form, submit the script for verbal assent for review.]

**Title of Study—required (use lay language)**

This paper explains a research project. The people doing the research would like your help, but they want you to know exactly what this means. This paper describes this research project. Participating in this project is your choice. Please read about the project below. Before you choose if you want to be a part of this study, please feel free to ask questions. A person working on this research will be around to answer your questions.

What is this project about?

[Describe the project in terms that are age-appropriate] This project is being done to find out [complete this sentence using terminology that children will understand].

**What will happen if you take part in the project?**

These things will happen if you want to be in the project: [Itemize (number) the study procedures that will occur using terminology that children will understand]

**How long will your part in this project last?**

**You will be in the project for [include minutes/hours, the overall length of time if applicable].**

**Who will be told the things we learn about you in this project?**

**[Describe who will have access to the data collected in simple age-appropriate language.] For example: The information we collect about you will be kept private. Only the people working on this project will be able to look at the information we collect.**

**[This statement is required if the researcher is an employee of California State University, Channel Islands, including student/research assistants] We will not tell anyone what you tell us without your permission. But, if you tell us that someone has been hurting you or another person, we may have to tell someone else. We may have to talk to people whose job it is to protect children. They can make sure you are safe.**

**What are the possible risks or discomforts from being in this project?**

**[Describe potential risks in simple age-appropriate language and how/who will help them if they experience discomfort].**

**What are the benefits from being in this project?**

[Specify whether or not the child will benefit directly from participation. Also include the potential benefit of the project to society.] For example: You may not benefit personally from being in this project. - OR - The potential benefit to you from being in this project might be [list any direct benefits].

**What if you have questions about this project?**

You can ask questions any time. You can ask now or you can ask later. You can talk to the researchers, your family, or someone else in charge. It is important that you know what is going on.

**Do you want to be in the project?**

You do not have to be in the study. No one will be upset with you if you don't want to do this. If you don't want to be in this study, or if you want to skip a question that is hard or confusing, that’s fine. Just tell the researchers and they won’t get upset. If you want to be in the study sign your name below. You can say yes now and say no later. It is up to you to decide.

[If any part of the study is audio or video recorded, include a check box or signature line for consent to be audio and/or video recorded.]

For example:

\_\_\_ I agree to be audio recorded

\_\_\_ I do not wish to be audio recorded

\_\_\_ I agree to be video recorded

\_\_\_ I do not wish to be video recorded

Signature of Child Age Date

Signature of Researcher Date

Signature of Individual Obtaining Assent Date

If different from researcher

**RESEARCH TEAM**

**Researcher:**

Name

[Program Name]

One University Drive

Camarillo, CA 93012

Telephone Number

Email Address

**(If researcher is a student include) Faculty Advisor:**

Name

[Program Name]

One University Drive

Camarillo, CA 93012

Telephone Number

Email Address

**Project Location(s):**