

**Southern University - Baton Rouge (SUBR)**

**Institution Review Board (IRB) for the Protection of Human Subjects**

**Template for Child Assent Form**

**Directions:** Use the information below to develop the assent form for young children participating in your study. This assent form could be in prose or outline format. The specific assent information that you provide should be reflective of needed assent elements, and it should be presented in a “language” appropriate for the age/abilities of the children (i.e., simple terms and short sentences – see examples below). If you have any questions about the development of your assent form, contact the Chairperson of the SU-BR IRB for the Protection of Human Subjects (Reginald Rackley, Department of Psychology, SU-BR, Baton Rouge LA 70813-1241; Voice 225-771-2990; Facsimile 225-771-2082; E-mail [irb@subr.edu](mailto:irb@subr.edu))

***Researcher and Purpose of the Research***

My name is \_\_\_\_\_, and I am \_\_\_\_\_. (Give your name. Describe in age-appropriate language – simple terms and short sentences - who you are or what you do). I am doing a study that will \_\_\_\_\_. **OR**, I am doing a study to (learn about, determine, find, etc.) \_\_\_\_\_. (Describe in age-appropriate language the purpose of your research)

***Number of Children Participating and Research Protocols/Procedures***

There will be \_\_\_\_\_ other children like you who will be in this study. (Give the number of subjects/participants). If you agree to participate, you will be asked to \_\_\_\_\_. (Describe in age-appropriate language the research protocols/ procedures the children will undertake)

***Risks and Benefits***

What you will be asked to do in this study should not hurt you or make you feel bad (uncomfortable). **OR**, What you will be asked to do in this study may make you uncomfortable. This uncomfortable feeling \_\_\_\_\_. (Describe in age-appropriate language the discomforts the children could experience by participating in the research) **OR**, The needle used to take your blood may hurt you and might bruise your arm. (Describe in age-appropriate language any physical, psychological, or other risks – harm or discomfort - that the children may experience by participating in the research that are beyond or greater than what is ordinarily encountered in daily life or during the performance of routine activities)

If you participate in this study, you will receive \_\_\_\_\_. **OR**, Although you will not be given anything for participating in this study, what you do may help us learn how to help other children like yourself \_\_\_\_\_. (Describe in age-appropriate language the benefits the children will receive directly and/or other benefits that the study could

produce, e.g., understanding or assisting other children, contributing to the knowledge base, etc.)

**Questions about the Research**

You can ask questions any time you want to about the study. You can ask them now or ask later. You can talk to your parents about the study and your participation.

**Voluntary Participation**

You do not have to be in the study – it is up to you or your choice. No one will be mad at you or punish you, if you do not want to do this. If you do not want to be in the study, you just have to tell the researcher(s) or your parents. You can say “Yes” now and change your mind later. If you change your mind later, no one will be mad at you and you will not be punished.

**Anonymity and Confidentiality**

If you participate in this study, your name will not be \_\_\_\_\_. (Describe in age-appropriate language what will be done to ensure that the children’s names are not used in reports, presentations, publications, etc. and their names will not be associated with their research data).

**Signatures**

**NOTE:** Signatures of the children agreeing to participate in the study and person administering the Child Assent Form must appear on the same page (e.g., see format below).

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Signature of Child	Age	Date
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Signature of Witness		Date
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Signature of Person Administering Informed Assent		Date
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**Will the potential volunteers (children) be able to read the consent form?  
(If the potential volunteer is unable to read, the Reader must be 18 years of age or older).**

If the study potential volunteers (children) are unable to read the assent form and it is read to them, include the text and signature line below. Because this situation is not known until the recruitment and consent processes, principal investigator(s)/ researcher(s) may want to have two assent forms (one with the statement and signature line below and one without).

The child indicated to me that s/he is unable to read. I certify that I have read this assent form to the child and explained that by completing the signature line above s/he has assented to participate in this study.

\_\_\_\_\_  
Signature of Reader

\_\_\_\_\_  
Date