# Minor Assent Form (ages 7-13)

***Instructions for researchers: Fill in the blue highlighted areas. Then, delete the (parenthetical instructions), delete items at the end of the template that do not apply, and remove the highlights.*** ***Please use age-appropriate language and short sentences.***

My name is (Name). (I/we) (am/are) a (student, teacher, doctor, nurse, nurse practitioner employee). (I/we) want to know (topic). (I/we) invite you to join my study.

If you want to join the study, you will:

1. (List each activity, in children’s terms)
2. (Example: Answer questions.)
3. (Example: Draw a picture.)
4. (Example: Collect blood).

You can join if your parent says it is ok. You cannot join if your parent says no. You do not have to be in this study if you don’t want to.

If you join, you might feel nervous (or, describe other risks in children’s terms). You can stop when you want. Tell me if you want to stop.

Joining the study (may, may not) help you. This study may help others (feel better, learn about X).

I will keep your information in a safe place.

If I think an adult is hurting you, I will tell someone. If I think you might hurt yourself, I will tell your parent. If I think you might hurt someone, I will tell your parent.

You can ask me any questions, or your parent can ask me questions.

You can join the study if you want. You can say no if you want. You are not in trouble if you say no.

If you sign your name below, it means that you agree to take part in this research study.

Name of Child Child’s Signature Date Signed

Name of Person Obtaining Signature Date Signed

Assent

# Optional Sections

**If the following sections are applicable to your study, add them *above* the Signature Section. Then, delete these instructions and the sections not applicable to your study.**

If you do join, I will give you [amount of compensation and type].

I would like to audio record your answers. Is this OK? Circle: Yes or No