



## CHILD ASSENT FORM TO PARTICIPATE IN RESEARCH AGES 7-13

(INSERT TITLE OF THE STUDY)

**(Insert PI name)** wants to learn about **(insert study description in language easy for the youngest child to understand)**. One way to learn about this topic is to do a research study; the people doing the study are called researchers.

Your mom/dad/parent/guardian/Legally Authorized Representative (LAR) have told us we can talk to you about the study. You also can talk this over with a family member. It's up to you if you want to take part, you can say "yes" or "no". No one will be upset with you if you don't want to take part.

If you do want to take part, you will be asked to **(give a brief description of the study procedures, If audio or video-recording will take place or if photographs will be taken, let the child know; state whether the child can still participate if s/he does not want to be recorded or photographed)**.

Researchers don't always know what will happen to people in a research study. We don't expect anything to happen to you, but you might not like **(Describe any risks, if any, to the subject. Note payment is not a benefit)**

Your answers will not be graded **(remove if not applicable)**. Only the researchers will see your answers.

If you have any questions, you can ask the researchers.

If you want to take part in the study, please write and then sign your name at the bottom. You can change your mind want to, just tell the researchers.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of person consenting

\_\_\_\_\_  
Signature of person consenting

\_\_\_\_\_  
Date