**Youth Assent Template**

* The *readability of the assent has to be, depending on the age or circumstances of the minor.*
  + *For example, detained adolescent youths typically have a 3rd- grade reading level. Do not assume that literacy and age are correlated.*
* *When literacy is a concern, it may be appropriate to have a researcher read the assent statement to the potential participant.* 
  + *When assent is obtained verbally (and unless there are a number of people involved in obtaining assent), it’s usually best to use the pronoun ‘I,’ not ‘we’ to refer to investigators.*
* *A full consent will be signed by the parent, guardian, or the legally authorized representative (LAR).*
* *With very few exceptions, the signed consent of the parent/guardian/LAR must be obtained BEFORE seeking the child’s assent. Consult the IRB chair if you think your study might be one of the rare exceptions.*
* ***Delete these bullet points and other italicized material (below) before submitting this to the IRB.***

MINOR ASSENT FORM

Study Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[*If applicable:*] Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What should you know about participating in a research study?

* Someone will explain the research study to you. [*Remove for assent that is obtained online or otherwise not in-person*.]
* Whether or not you take part is up to you.
* You can choose not to take part.
* You can agree to take part and later change your mind.
* Your decision will not be held against you.
* You can ask all the questions you want before you decide.

**Why am I being asked to take part in this research?**

A research study is usually done to find a better way to treat people or to understand how things work.

You are being asked to take part in this research study because you are [*describe the inclusion criteria; e.g., “…a teenager who is 14 or older,” or “a high school student participating in team sports.”*]

**What should I know about this research?**

In this study, I want to find out more about [*describe the purpose of the study, ideally in one simple sentence*].

You do not have to be in this study if you do not want to do so. Whether you participate is completely up to you. You can choose to take part now and change your mind later if you want. Your decision will not be held against you. You can ask all the questions you want before you decide.

**When and where will the research take place?**

I expect that you will be in this research study for [*describe specific amount of time for involvement*].

[*If research activities will take place later (and not immediately after the assent process), make that clear.*]

[*If the research will take place at some place other than where the assent is sought, make that clear.*]

**What happens if I say “Yes, I want to be in this research”?**

If you agree to participate in this study, you will be asked to [*describe procedures. Avoid technical terms. If multiple research activities are involved, use bullet points, time lines, diagrams, or other means of making the process clear.*]

[*If the participant will be interacting with someone other than the person obtaining assent, make that clear.*]

**Is there any way being in this study could be bad for me?**

[*Describe any risks, burdens, or discomforts*. *For each risk, explain how probable it is and how serious it is.*]

[*If risks, burdens, etc. are minimal, then something like the following might be appropriate:*] There is nothing bad that will happen to you, although you may feel uncomfortable with some of the questions that I will ask. You can skip any questions you do not want to answer and you can stop at any time.

**What happens to the information collected for the research?**

Efforts will be made to limit the use of your personal information, including information gathered from you in this study, to people who have a need to review this information. We cannot promise complete secrecy but we will work to keep your name and other information private.

[*Explain whether any information will be shared with parents/guardians.*]

[*If the investigators have any obligations to report any information (e.g., about child or elder abuse, illegal activities, etc.), make that very clear.*]

**Will I be compensated for participating in this study?**

[*If you WILL NOT be compensating participants, say:*]You will not be paid for participating in this study.

[*If participants WILL receive anything of value, describe it. If payment will be made, explain whether it will be cash/check/gift card, and whether it will be given immediately upon completion or sent later. If payment will be made to the participant’s parents/guardians, make that very, very clear. Bear in mind that the IRB will ask you to justify your decision not to pay the participants directly.*]

[*Make clear how incomplete participation will be compensated.*]

**What if I say “Yes” but change my mind later?**

You can stop your participation in this study at any time and it will not be held against you. You will not be penalized. Your relationship with [*insert as appropriate: Idaho State University, your doctor, etc.*] will not change.

* If you decide to stop participating in this study, contact the researcher. [*Describe any procedures for participant withdrawal from participation.*]
* [*If there are potential consequences for withdrawing from participation, describe them.*]
* [*Describe what will be done with any data collected up to the point of withdrawal. Can participants ask to have it destroyed?*]
* [*If participants will be asked to explain why they stopped, say so.*]

**What if I do not want to be in this research?**

Your participation in this study is completely voluntary. If you do not want to take part it in, do not sign this form.

If you decide not to be in this study, there will be no negative consequences for you. You will not lose any services or privileges you are otherwise entitled to.

**Who can I talk to about this research?**

If you have questions, concerns, or complaints, about the research, you can talk to your parents/guardians or you can talk to the research team at [*email and/or phone info*].

This research has been reviewed and approved by an Institutional Review Board (“IRB”). You may talk to them at (208) 282-2179 or humsubj@isu.edu if your questions, concerns, or complaints are not being answered by the research team; you want to talk to someone besides the research team; or you have questions about your rights as a research participant.

[*Include the any of the following statements as appropriate for any optional elements of the research. Otherwise delete them.*]

The following research activities are optional, meaning that you do not have to agree to them in order to participate in the research study. Please indicate your willingness to participate in these optional activities by placing your initials next to each activity.

The researcher may [audio or video] record me to aid with data analysis. The

researcher will not share these recordings with anyone outside of the

immediate study team. (Specify which or both will occur. If recording is a

requirement of participation, delete this element.)

I agree \_\_\_\_\_\_\_\_\_\_ I disagree\_\_\_\_\_\_\_\_\_

The researcher may [*Specify which or both will occur:*]audio or video record me for use in scholarly presentations or publications. This is done because sometimes showing my face or hearing my voice might serve to help other professionals understand the research. I may be identifiable as part of this activity, although the researcher will attempt to limit such identification. I understand the risks associated with such identification.

I agree \_\_\_\_\_\_\_\_\_\_ I disagree\_\_\_\_\_\_\_\_\_

The researcher may contact me in the future to see whether I am interested in

participating in other research studies by the principal investigator of this

study.

I agree \_\_\_\_\_\_\_\_\_\_ I disagree\_\_\_\_\_\_\_\_\_

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

Your Name (please print)

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

Your Signature Date

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

Signature of person obtaining assent Date

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

Printed name of person obtaining assent

[*If a witness will observe the consent process and sign the assent document, include the following:*]

My signature below documents that the information in the consent document and any other written and oral information was accurately explained to, and apparently understood by, the participant, and the participant freely gave that assent.

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

Signature of witness Date

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

Printed name of witness

[*Not all consent forms need to be signed. When signed consent is not required, omit the signature section of this form. Check the HSC guidelines for details, or contact the HSC chair to discuss your situation.*]