

**Sample Assent Form – for older children**  
**Title of Protocol**  
**Protocol #**

**Investigator(s):**

(List Name, Department, Telephone number for each Investigator)

**Introduction**

- You are being asked to be in a research study of [*insert general statement about study*].
- You were selected as a possible participant because [*explain how subject was identified, include any exclusionary criteria*].
- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

**Purpose of Study**

- The purpose of the study is [*explain research question and purpose in lay language*].
- This research may be [*published as part of a book on..., presented as a paper, etc.*].

**Description of the Study Procedures**

- If you agree to be in this study, you will be asked to do the following things: [*explain procedures and tasks; identify any procedures that are experimental; describe length of time for participation, frequency and duration of procedures; etc.*]

\*[*If applicable, explain any alternative procedures or courses of treatment available to the subject.*]

**Risks/Discomforts of Being in this Study**

- The study has the following risks. First, [*explain first risk, including the likelihood of the risk*]. Second, [*explain second risk, including the likelihood of the risk*]. Third, ...
- [*If there are no foreseeable risks, state as such*] There are no reasonable foreseeable (or expected) risks. There may be unknown risks.

**Benefits of Being in the Study**

- The benefits of participation are [*explain benefits of participation that will be gained by the participants and/or other. If a benefit is not likely to occur to each participant do not include.*]
- [*If there are no expected benefits, state as such.*]

**Confidentiality** [*choose one of the following*]

- This study is anonymous. We will not be collecting or retaining any information about your identity.
- The records of this study will be kept strictly confidential. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file. [*If audio or video tape recordings are made, explain specifically who will have access to them, if they will be used for educational purposes, and when they will be erased/destroyed and indicate how they will be destroyed or erased.*] We will not include any information in any report we may publish that would make it possible to identify you.

**Payments**

- You will receive the following payment/reimbursement: [*explain amount of payment or other reimbursement information (e.g., class points, tokens, donations, etc.), as well as when payment and/or reimbursement will occur and in what cases payment will not occur if any. If there will be no payment, state this.*] \*If photos/videos are used, indicate if the participants will receive compensation for these or not.\*

**Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* without affecting your relationship with the investigators of this study. Your decision will not result in any loss or benefits to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely from the interview at any point during the process; additionally, you have the right to request that the interviewer not use any of your interview material.

**Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, [name] at [email] or by telephone at [phone number]. If you like, a summary of the results of the study will be sent to you. If you have any other concerns about your rights as a research participant that have not been answered by the investigators, you may contact *Name and contact phone number*.
- If you have any problems or concerns that occur as a result of your participation, you can report them to *Name* at the number above. Alternatively, concerns can be reported by *contacting the Argus IRB chairperson at 520-298-7494*

**Consent**

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study investigators.

.....

**[use this section for signatures if there is no audio or video recording:]**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Investigator(s): \_\_\_\_\_ Date: \_\_\_\_\_

.....

**[if using audio or video recording, use this section for signatures:]**

**1. I agree to be [audio or video] taped for this interview:**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Investigator(s): \_\_\_\_\_ Date: \_\_\_\_\_

**2. I agree to be interviewed, but I do not want the interview to be taped:**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Investigator(s): \_\_\_\_\_ Date: \_\_\_\_\_