**CHILDASSENT FORM**

**7-12 years old**

Hi! My name is [*enter name of person obtaining assent*]. We are doing a research study about [*enter purpose of study*]. A research study is a way to learn more about people and how they think or behave. It is like an experiment.

We are asking you to be in this study because [*if possible, enter reason for participation e.g. you have a brother or sister who is sick or you are 7 yrs. old and go to the YMCA after school]*

If you decide take part in our study, you will be asked to [*enter procedures in simple terms, if there is more than one study procedures, include them as bullet items*]. The time it will take you do this is about [*enter length of time it should take to complete each activity and over what period of time*].

Some of these steps may [*enter risks e.g. make you tired, sad, angry, anxious*].

We do not know if being in this study will help you.

-or-

We think this study may benefit you. A benefit is when something good happens to you. We think the benefit(s) might be [*include a list of benefits*]. We may learn something that will help other children with [*insert topic of investigation or condition under investigation*] some day.

Taking part in this study is your choice. You do not have to be in this study if you do not want to. You can say okay now and change your mind later and no one will be mad at you. Even if the adults who care for you, like your mom and dad say yes, you can still say no.

All the information you share with us will be kept in a safe place. If we write a report about what we learned, we will not use your name. This way no one will know you were in the study.

We are happy to answer all the questions you have. Even if you do not have any questions now but have some later, you can still ask them. Just contact [*enter name of Principal Investigator or contact person for study]* at [*enter phone number and email*].

If you have questions about what it means to be part of a research study, you can call 617-725-4169.

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

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 (Sign your name here) (Date)

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(Signature of Person Obtaining Assent) (Date)

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APPROVAL HERE