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| **FSU IRB Standard Written Child Assent and Parental Permission Template**  **for Social, Behavioral and Educational Research (SBER)**  **DIRECTIONS**:   1. The purpose of this template is to provide sample text for creating a form for child assent/parental permission for your SBER study. The template is designed for children/adolescents 14-17 years of age, and for parent(s) of children of any age. Use the separate template for children/adolescents 7-13 years of age. 2. Delete this entire section, the page break following these directions, and any other green text box in this template BEFORE submitting your assent form to the IRB/OHSP, otherwise your assent will be returned to you to conform accordingly. 3. This template is only for use in SBER studies that involve no biomedical procedure, such as any procedure used to diagnose, cure, mitigate, treat or prevent disease or other condition; use of any drug, device, biologic or supplement; and collection, storage, maintenance or use of any biospecimens. 4. Modify this assent/parental permission form so that it accurately depicts your own study. Instructions in thegreen text box include areas where you will need to explain the specifics of your study or edit the text. The [red text in brackets] must be replaced with study specific information, or removed. Other red text provide options that should be selected where applicable, and/or may be deleted if not otherwise applicable to your study. The remaining black text in regular font may be modified BUT ONLY IF the changes are appropriate and still meet the [required elements for informed assent](https://www.research.fsu.edu/research-offices/ohsp/policies-and-procedures/). For example, if you are not video- or audio-recording participants, you can delete all statements related to recording. Importantly, fill in any passages introduced by a \_\_\_\_ [blank], referring to the instructions in the related green text box. 5. This template is currently below the 8th grade reading level (without the instructions and green text boxes). The readability of the assent/parental permission must be commensurate with the child’s age and educational attainment. Readability of any assent must be tailored to prospective child subjects with the lowest educational attainment. Consider multiple assent/parental permission forms if child participants will be drawn from materially different ages, grade and educational attainment (e.g., participants will include children from the 1st to 6th grades or involve children with special needs or circumstances. Do not assume that literacy and age are correlated.   There may be additional information you need to provide to explain your study or to better inform and protect your participants. The FSU IRB will so inform you pursuant to its review of your study and this assent document.  If you have more than one assent/parental permission form, please clearly label each form by inserting a distinguishing header or footer to identify the intended subject sample (e.g., *Sixth Grade Assent/Parental Permission* vs *High School Assent/Parental Permission*; *Florida Child Assent/Parental Permission* vs *California Child Assent/Parental Permission*). However, there may be no need to use more than one assent/parental permission form if different subject sample groups will be taking part in the same study activity (e.g., surveys, focus groups or interviews, even if there are some differences in specific questions or measures) or where there is no different state legal requirement for child assent.  Ensure consistency between the assent/parental permission form and the description of the study and the assent process in your protocol; if there is substantive inconsistency, both will be returned to you with instructions to render consistent.  As you are writing the assent/parental permission document, remove any green text box areas and all instructional text contained inside the text boxes. There should be no instructional text (including these instructions) in the final version of your informed assent forms. |

## Title of Research Study:

## Principal Investigator: [First Name Last Name, affiliation. You can include the name of the interviewer as a study team member].

**Faculty Advisor:** [*IF the PI is a student then insert Advisor First Last, credentials and FSU affiliation; otherwise delete this Faculty Advisor section*]

## What is this study about?

A research study is usually done to understand how things work or to find a better way to take care of people. You are being asked to take part in this research study because you are [*describe the inclusion criteria (e.g., you are a student here at \_\_\_\_; you receive services such as \_\_\_\_; you take part in after-school activities like \_\_\_\_; you are involved in \_\_\_\_)*]

[*Include if you have a conflict of interest. Otherwise delete*.] We want to inform you that researchers involved with this study have certain interests that may directly and significantly affect the design, conduct, or reporting of this research. The interest is: [*Insert the conflict(s) of interest, including identifying the researcher(s) with the conflict(s) of interest. Use HRP-502COI – TEMPLATE – COI Consent Language Template for the types of conflict(s) of interest to disclose to human subjects and sample language to insert regarding those conflict(s) of interest; the template is available in RAMP IRB or on the OHSP Templates & Required Forms page*.]

[*If not already mentioned in the paragraph above about conflicts of interest, then here include for sponsored/extramurally funded research e.g., National Science Foundation, a Center or Institute of the National Institutes of Health, other federal funding agency, private or public foundation, pharmaceutical or drug company, medical device manufacturer, other corporation, including such funding provided to another non-FSU grantee or contract organization but which is providing a subaward to FSU. Otherwise delete*.] This research is being funded by [*insert name of funding entity*].

## What should I know about a research study?

In this study, I want to find out more about [*describe the purpose of the study, preferably in one simple sentence*]. You do not have to be in this study if you do not want to do so. It is up to you if you want to take part. You can choose not 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.

## How long will the research last?

I expect that you will be in this research study for [*describe the specific amount of time for the child’s involvement, including increments as well as overall time commitment, such as for example “one session that will last about one hour”; “while you are in \_\_\_\_ class”’ “a few times over the next several months, one hour each time”; “while you are at summer camp”; “overall several years while you are in school”*]

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

If you agree to be in this study, you will be asked to \_\_\_\_ [*insert a description of what the child will be asked to do or how the child will be involved in the study, e.g., answer questions, take tests, watch videos or look at pictures, perform certain tasks, be videotaped, take part in activities or exercises, etc.*]

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| This section should generally describe the procedures that participants will undergo for all aspects of the research. The procedures should be stated in order of when they will occur as part of the study. Consider using bulleted lists, diagrams, or timelines to increase understanding of study procedures and their sequencing.  If the study includes audio and video recording, this should be explained here. Ensure it is clear to the participant which aspects of the procedures are optional, if any. |

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

## There is nothing bad that will happen to you although [insert a description of foreseeable harms or discomforts, e.g., you may feel embarrassed with some of the questions that I will ask; you may feel uncomfortable answering some of my questions; taking the test/performing some tasks may make you tired; doing some tasks may make you sore; some videos may be hard to watch]. You can skip any questions you do not want to answer/not do something if you don’t want to/stop taking part at any time.

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| Harms or discomforts may by nature be psychological (e.g., distress, anxiety, embarrassment, stigma); physical (e.g., soreness, pain, tiredness, injury); legal (arrest, juvenile detention or other liability for one’s conduct); social (e.g., reputation, social standing, retaliation); and economic (loss of work, pay or other pecuniary benefit; need to pay for research-related injury). Harms and discomforts may result from unauthorized or unintentional disclosure of identifiable, private information; distress or terror from exposure to troubling or gruesome events or images; being asked questions about sensitive topics or highly personal matters; or finding out about the their results or outcomes from tests or assessments. State the realistic risk of harms or discomforts involved in the research. You should indicate the probability (the odds of a harm or discomfort materializing) and magnitude (the severity of the harm or discomfort).  The risks of harms and discomforts should always match those stated in the IRB application. |

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

We will do everything that we can to protect and secure any information about you that we collect. Your information will only be shared only with people have must review this information. We cannot promise complete secrecy but we will work to keep your name and other information private.

## What else do I need to know?

[*Include if information about the study’s purpose is in any way not exactly as described in the protocol or if any information about the study’s purpose, activities or inquiries will be withheld from study subjects.]* You may not be made aware of some features about the study, such as its exact purpose, study questions and materials, or your responses that we would like to collect. At the end of your participation in this study or if you withdraw from this study we will provide you with additional information.

[*Include if subjects will be paid, earn course or other credit, reimbursed, or provided with any financial or other incentive, token or gift. Otherwise delete*.] If you agree to take part in this study, you will receive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*indicate type of incentive and amount as applicable*]. [*Indicate if applicable how any amount is pro-rated for research visit or activity completion, and whether refusing to answer any question or withdrawing from or discontinuing taking part in the study or any study activity will reduce or preclude subjects from earning part or all of such incentive*.]

[*Include if student subjects will be provided with course credit for taking part in the study, as an alternative to completion of a course, paper or other credit-earning activity. Otherwise delete*.] Earning course credit by taking part in this study is an alternative to the requirement that you otherwise complete a course, paper or other credit-earning activity.

[*Include if subjects will not be paid*] You will not be paid to take part in this study.

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| In addition to stating the amount, also describe how (e.g., cash, gift cards, credit) and when they will receive compensation (e.g., after specific activities or visits, at the end of the study). |

## Who can I talk to?

If you have any questions or complaints about the study, you can talk to your parents or you can talk to the research team at [*Insert First Name Last Name*, email address and telephone number]. You can also talk with the people that reviewed and approved this study. They can be reached at 850-644-7900, or humansubjects@fsu.edu.

**STATEMENT OF ASSENT**

I have read and thought about the information about the study that is described in this form. I understand why the research is being done and what I will be asked to do. I also understand that I may ask questions at any time, and that I can stop taking part in the study at any time. By signing below I show that I am willing to take part in this study.

Printed Name of Research Participant

Signature of Participant Date

I agree to be audiotaped

YES (initial) \_\_\_\_ NO (initial) \_\_\_\_

I agree to be videotaped

YES (initial) \_\_\_\_ NO (initial) \_\_\_\_

I agree to allow use of audio/video in presentations or publications

YES (initial) \_\_\_\_ NO (initial)

I agree to use of audio/video for educational purposes including \_\_\_\_\_

YES (initial) \_\_\_\_ NO (initial) \_\_\_\_

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| Include any of the additional permission statements, such as permissions to be audio- or videotaped, otherwise delete. |

**STATEMENT OF PARENTAL PERMISSION**

I have read and considered the information presented in this form. I confirm that I understand the purpose of the research and the study procedures. I understand that I may ask questions at any time and can withdraw my child’s participation without prejudice. I have read this consent form. My signature below indicates that you have my permission to include my child as a participant in this study.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian Date

I give permission for my child to be audiotaped

YES (initial) \_\_\_\_ NO (initial) \_\_\_\_

I give permission for my child to be videotaped

YES (initial) \_\_\_\_ NO (initial) \_\_\_\_

I give permission to allow the use of audio/video involving my child in presentations or publications

YES (initial) \_\_\_\_ NO (initial)

I give permission to allow the use of audio/video involving my child for educational purposes including \_\_\_\_\_

YES (initial) \_\_\_\_ NO (initial) \_\_\_\_

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| Include any of the additional permission statements, such as permissions to be audio- or videotaped, otherwise delete. As applicable, add additional signature block for other parent if required by the IRB |

**Researcher’s Signature**

I have fully explained the research study described by this form. I have answered the participant and/or parent/guardians’ questions and will answer any future questions to the best of my ability. I will tell the family and/or the person taking part in this research of any changes in the procedures or in the possible harms/possible benefits of the study that may affect their health or their willingness to stay in the study.

Printed Name of Research Team Member Obtaining Assent/Parental Permission

Signature of Research Team Member Date