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| **FSU IRB Standard Written Child Assent 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 for your SBER study. The template is designed for children/adolescents 7 to 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 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. Write at an 8th grade or lower reading level. However, readability of any assent must be tailored to prospective child subjects with the lowest educational attainment. Consider multiple assent forms if child participants will be drawn from materially different ages, grade and educational attainment (e.g., participants will include children from the 2nd to 8th 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 form, please clearly label each form by inserting a distinguishing header or footer to identify the intended subject sample (e.g., *Sixth Grade Assent* vs *High School Assent*; *Florida Child Assent* vs *California Child Assent*). However, there may be no need to use more than one assent 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 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 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. |

### **What is a research study?**

### Research studies help us learn new things. We can test new ideas. First, we ask a question. Then we try to find the answer.

### This paper talks about our research and the choice that you have to take part in it. We want you to ask us any questions that you have. You can ask questions any time.

**Important things to know…**

* You get to decide if you want to take part.
* You can say ‘No’ or you can say ‘Yes’.
* No one will be upset if you say ‘No’.
* If you say ‘Yes’, you can always say ‘No’ later.
* You can say ‘No’ at any time.
* We would still take good care of you no matter what you decide.

## Why are we doing this research study?

We are doing this research study to find out more about \_\_\_\_ [*describe the purpose of the study, preferably in one simple sentence*].

## What would happen if I join this research?

If you decide to be in this research study, we would ask you to do the following: [*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. Alternatively, tailor the bulleted list below accordingly*]

* Questions: A person on the research team would first ask you to read questions on a piece of paper. Then you would mark your answers on the paper. There are 15 questions.
* Talking: A person on the research team would ask you questions. Then you would say your answers out loud. This will last about 1 hour.
* Wear something: You will be asked to wear something on your arm that looks like a watch. You will be asked to wear this all day. This will collect some information about you.
* Take a test: You will take a test. The test is used to find out what you know.
* Do something: You will be asked to watch a video/look at pictures/read a book/move your arms/move your legs/walk/exercise/do something else. This will last about 5 minutes.
* Records: We will look at records or information that are about you and use that information.

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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. |

## Could bad things happen if I join this research study?

## Some of the things that we will ask you to do might make you uncomfortable or be hard to do. Some of the questions or tests might be hard to answer. [as needed, provide a more tailored 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 or nervous; doing some tasks may make you sore; some videos may be hard to watch]. We will try to make sure that no bad things happen. Remember, 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., nervousness, embarrassment); physical (e.g., soreness, pain, tiredness); legal (being charged with a crime or violation, juvenile detention); social (e.g., reputation, peer pressure, bullying); 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 fright from looking at troubling or gruesome events or images; being asked questions about sensitive topics or highly personal matters; or finding out about 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. |

## Could the research study help me?

We think that being in this research study may help you because \_\_\_\_ OR This research will not help you. However, we do hope to learn something from this research study. We also hope that someday the research study will help other kids like you.

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| Include the most appropriate statement for your study. |

## What else do I need to know about this research study?

If you don’t want to be in the research study, you don’t have to be. You can stop being in the research study at any time. If you want to stop, please tell someone on the research team.

You will not be paid to be in the research study OR To thank you for being in the research study we will give you \_\_\_\_. You should talk with your parents about how you would like to use this.You will receive \_\_\_\_ for taking part in this study.

You can ask questions at any time. You can talk to \_\_\_ [*insert research team member name*]. Ask us any questions you have. Take the time you need to make your choice.

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| Include the most appropriate statements for your study. 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). |

****Is there anything else?**

If you want to be in the research study after we talk, please write your name below. We will write down our name too. This shows we talked about the research study and that you want to take part.

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

Name of Participant (to be written by child or adolescent)

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

**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.

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Printed Name of Research Team Member Obtaining Assent

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Signature of Research Team Member Date Time