

**Assent to Participate in Research**

Fill in areas [highlighted yellow and in brackets]; Delete areas *highlighted blue and in italics*.

*IMPORTANT NOTE: Depending on the age of the participants, you may need more than one assent form with language appropriate for the different age groups (e.g. 5-7, 7-12, 13-17). UHD CPHS recommends that children aged 5-12 provide verbal assent prior to participation; children aged 13-17 should sign the form.*

Title of the Project: [Title of Project]

Principal Investigator: [Name, credentials, institutional affiliation]

Faculty Sponsor (if needed): [Name, credentials, institutional affiliation]

Study Sponsor: [If any]

*Note: If you are a student, you must include the name of the faculty sponsor.*

A research study is usually done to find the answer to a question or questions or to understand how things work. You are being asked to take part in this research study because you are [describe the inclusion criteria].

This form may have some words that you do not know. If there is anything you do not understand, please ask me and I will explain the words to you.

If you agree to be in this study, you will be asked to [use simple language to explain tasks and procedures including details about completing surveys, interviews, tests, etc.].

*Include a complete description of the procedures for the study from the participants’ perspective. Use lay language to ensure understanding. DO NOT copy and paste technical or “research-y” language from the IRB application. After reading this, both the potential participant and their parent/guardian should have a clear understanding of what they will be asked to do. We recommend using bullet points to ensure clarity. If the study occurs over multiple days, we suggest revising the bullet points to describe each day chronologically.*

* Task 1: Description of task; amount of time
* Task 2: Description of task; amount of time

This study will take [insert length of time for participation, frequency of procedures or any other applicable information] and there will be [insert number of study participants] in this study.

There is a very small chance that you could feel uncomfortable during this study. [Describe specific risks and indicate what the study team will do to minimize those risks].

*Think about how you would answer the question “Will any part(s) of this study make me feel bad?” For example, you may want to say something like “Sometimes, talking about things makes people upset. You do not have to talk about anything you do not want to talk about. You can skip questions you do not want to answer. If you become upset, let me know and we will help you.”*

I expect this study to help you by [insert details]. **[OR]**

This study won’t help you, but we will learn more about [insert details] and then we’ll be able to help others. We may present or publish the results of this study. To protect your privacy, we will not include any information that could directly identify you.

We will limit the use of your personal and identifying information (ex. name, age) to people who need to review this information. We cannot promise to keep everything a secret. But we will do our best to keep your name and other information private. Your answers may be used in future studies by us or we may share your answers with other researchers interested in answering the same questions.

*Texas laws requires anyone to report suspected child neglect or abuse. If the research study could uncover child abuse or neglect, the following statement is required as part of the assent form: “If you tell us that someone is hurting you, the law says that we have to tell other people who can help you. If you tell us you might hurt yourself or someone else, then we will have to tell people.”*

You do not have to be in this study. It is totally up to you. If you decide to be a part of this study now, you may change your mind later. If you don’t want to do this, you don’t have to. No one will be upset with you. All you have to do is tell us you want to stop.

You can ask questions any time you have them. You can ask now or later. Just tell me or any other researcher when you see them. You can also ask your parent/guardian or another adult to contact

[Name of PI]

Phone:

Email:

Any questions regarding your rights as a research subject may be addressed to the UHD Committee on Standards for Research involving Human Subjects through its current chair, [insert name of current chair] at [current chair’s office phone number] or humansubjects@uhd.edu. Projects that are carried out at the University of Houston-Downtown are governed by requirements of the University and the Federal Government.

Before you say yes or no to being in this study, we will answer any questions you have.

If you do not want to be in this study, mark “No” and do not sign the form.

If you do want to be in the study, mark “Yes” and sign your name below.

*For projects involving the collection of verbal assent, remove the signature lines and include the following: “Before you say yes or no to being in the study, I will answer any questions you have. If you want to be in the study, let me know and we can get started. If you want to stop being in the study at any time, all you have to do is tell me.”*

\_\_\_Yes, I agree to be in this study.

\_\_\_No, I do not agree to be in this study.

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Youth Participant’s Printed Name

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Youth Participant’s Signature Date

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Signature of Person Obtaining Consent Date