

Document Template
Adolescent Assent Form (Version: 05/11/2009)

Assent Form for Participation in the Research Study Entitled XYZ Project

Funding Source: List complete identification for funding source or None.

IRB approval # (Generated by IRB)

Principal investigator(s):
Name, degree
Complete mailing address
Contact phone number

Co-investigator(s):
Name, degree
Complete mailing address
Contact phone number

Institutional Review Board
Nova Southeastern University
Office of Grants and Contracts
(954) 262-5369/Toll Free: 866-499-0790
IRB@nsu.nova.edu

Site Information (if applicable)
Address

What is a research study?

This should be a simple description of what the adolescent will do written in simple language appropriate to the age of the youngest child for whom the form is intended.

Why is this study being done?

The purpose of the study should be described.

What will happen to me?

The nature of the adolescent's participation should be described, including any time commitment. If there will be any recording it should be described here.

What are the good things about being in the study?

This section should include information about any benefits that might exist for the subject. If there are none, say there are none.

Will being in the study hurt me?

This should include basic descriptions of the benefits a participant could expect. If there are no benefits, state "You will not benefit from being in this study." This section should also include basic descriptions of the risks of the study that may include changes of stress, distress, fear, anxiety, or pain. If risks are only minimal state "we don't think you will be hurt by helping with this study."

Initials: _____ **Date:** _____

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How long will I be in the study?

The time commitment should be described.

Do I have other choices?

It should be clear that the child can leave the study or not participate.

Will people know that I am in the study?

This should describe who will know that the adolescent is in the study. Also included a statement such as, "Anything you tell us or do for us might be found out by someone else, but we will do everything we can to keep it secret."

Whom should I ask if I have questions?

This should provide adolescents with information about who to contact. This should always remind them they can ask their parent or guardian questions.

Is it OK if I say "No, I don't want to be in the study"?

This should state that "You do not have to be a part of this study if you don't want to. No one will be mad or upset. If you change your mind, you can decide during the study to stop being in the study."

Other Information

This should state that "If we learn important new information about this study we will tell you and let you decide if you want to stop being a part of the study."

Do you understand and do you want to be in the study?

I understand. All my questions were answered.

- ☐ I want to be in the study.
- ☐ I don't want to be in the study.

Your name

Your signature

Date

Signature of person explaining the study

Date