

Sample Minor Assent Form
Witness Signature Line
Mandated Reporter Language

Hello, [MINOR'S NAME]. It's nice to meet you. My name is [INTERVIEWER]. I'm from the Department of _____ at the University of Illinois at Urbana-Champaign. My job is to talk to children and teenagers all over Illinois about what it's like living in different kinds of families. In all, we are going to talk to over 125 kids. Today I'm here to talk to you about what it's like living with [PARENT/GUARDIAN/CAREGIVER NAME]. Your [PARENT/GUARDIAN] has given me permission to talk to you. I will be asking you questions about your family and community. This should take about 30 minutes.

You can decide whether or not you want to talk with me. It's up to you. You may decide to stop at any time, or skip questions. Whatever you decide is fine with me, and you or your family will not get into any trouble if you decide to stop or not talk with me.

If any of the questions upset you, you do not have to answer them. If you want to talk about any questions that upset you, let me know and, if you tell me it is okay with you, I will let your [FAMILY/CAREGIVER/CASEWORKER] know that you'd like to talk more about it.

You will be given \$ ____ at the end of our talk as a thank you for your time. Also, we're going to put together the information you give me today with the information from all the other kids we're talking to, and make a report about kids and their different experiences living in different kinds of families. We think the report will help a lot of different kids and their families.

Everything you say today is confidential. That means that no one will know who this information came from, not even [PARENT/GUARDIAN/CAREGIVER NAME]. There is one exception. If you tell us about experiencing any abuse or neglect or about any risk of harm to yourself, we are required to report this to the Department of Children and Family Services, to make sure you are safe.

Do you have any questions for me? If you have any questions later, you can call [PRIMARY CONTACT] at [NAME OF DEPARTMENT]. The phone number is [TOLL FREE NUMBER]. If you have any questions about your rights, you are welcome to call collect to the Institutional Review Board (IRB) Office at the University of Illinois. Their number is (217) 333-2670 and you can call them collect.

If it is OK with you to begin, I need you to sign the statement below. I'll read it to you. Let me know if you don't understand and I'll explain it to you.

I voluntarily agree to participate in this study, and to talk about my family and my community. I understand what my participation in the study involves and that I am free to stop at any time. A copy of this form has been given to me.

(Print) Name of Minor

Signature of Minor

Date

(Print) Name of Witness (not the investigator)

Signature of Witness (not the investigator)

Date