Name of participant Age ­­­­

*Guidance for investigator (delete this section prior to use):*

* *This assent script is recommended for children under the age of 7 if assent is determined to be appropriate for the participant; however, it is the responsibility of the investigator to utilize the assent form that best facilitates understanding of the research for an individual participant.*
* *Delete all instructional text in red. Example language is included in this template, but the investigator should write this form in a way that best facilitates understanding for their participant population.*
* *A simple verbal explanation of what will happen to the child should be presented to them.*
* *Verbal assent does not require a signature from the child.*
* *Please refer to the Children in Research FAQ page on the HRPP website for additional information and guidance.*

Hi [insert name of child], I am [insert name of researcher]. I talked to your mom/dad and they said that it was okay if you talk with me today. I am trying to learn something about how kids [insert simple description of study purpose]. Would you like to help me with this?

If it’s ok with you, I will ask you to [insert simple description of study activities in one or two sentences].

You do not have to do it if you do not want to. You can also tell me or your parents if you want to stop and nobody will get mad at you. Does this sound like it would be something you would like to do? Thank you.

Assent obtained by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Printed Name and Title