[Please note, the child assent form should be an explanation of the research procedures in a language and length that is appropriate to the child’s age, experience, maturity, and condition. It is suggested that the child assent form be written at the second-grade reading level.]

1. **Study Title and Number**

Study Title: [Use an abbreviated study title to identify the study]

Study Number: [Insert study number from Kuali]

1. **Study Information**

Dr. [fill in PI’s name] and their research team are doing a research study to find out more about [fill in research topic]. You are being asked if you want to be in this study because you have [fill in name of condition/reason the child is being asked to participate].

If you decide you want to be in this research study, this is what will happen to you:

[List study procedure(s) here using language and length appropriate for this age group.]

Sometimes kids don’t feel good while being in this study. You might feel these things:

[List possible risks using language and length appropriate for this age group such as “get bored,” “get tired,” “get embarrassed,” “get a headache,” “get a rash on your skin,” “get an upset stomach,” etc.]

If you feel any of these things, or other things, be sure to tell your mom or dad.

You don’t have to be in this research study if you don’t want to. Nobody will be mad at you if you say no. Even if you say yes now and change your mind after you start doing this study, you can stop and no one will be mad.

Be sure to ask Dr. [fill in PI’s name] or their research team to tell you more about anything you don’t understand.

Yes, you will be in this research study. No, you don’t want to do this.

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

Write your name on this line Date

###### Signature Of Person Obtaining Assent

In my judgment, the participant is voluntarily and knowingly giving assent and possesses the legal capacity to give assent to participate in the study.

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

Signature of person obtaining assent Date