**Research Study Assent Form**

*(For 6-11 year age range)*

**Study Title:** [*Title as listed on IRB application*]

**Researchers:** *List names, academic/staff positions, divisions/departments, and telephone numbers of ALL investigators and co-investigators*

* Hi, my name is *(insert the name of the person who will approach the child during the assent process*). I am from California State University Fullerton. I am inviting you to be in a research project about *(topic of the study in simple language)*

*Example:*

* *What kinds of foods kids usually eat and how much exercise they get.*
* Your guardian knows that we are asking you to be a part of this activity, but you get to pick if you want to do it or not. You do not have to be in the study if you do not want to. No one will be upset with you if you do not want to be a part of this activity. If you want to be a part of the activity, we will ask you to (describe what the child will be asked to do in simple language that is appropriate to their age and maturity. Explain how long each aspect of their participation will take).
* For this activity, I will also be recording the [audio, video, etc.] but I will not record you if you do not want me to.
* Not everyone who is part of the study will benefit. A benefit is when we receive something good for being part of the activity. Some of the benefits of this activity might be (explain benefits).
* We can stop the activity at any time you want. We will not be upset if you do not want to finish the activity. There are no right or wrong answers to any of our questions. You don’t have to answer any question you don’t want to or do anything you don’t want to.
* If you want to take part in the activity, I will not tell anyone about what you say or do. If I share about the activity, I will not tell anyone your name. You can ask questions at any time. My telephone number is (number of contact person), and you can call if you or your guardian have any questions.
* I will give you a copy of this form for you to take home.

If you want to be part of the activity, sign your name on the line below.

(If relevant) Put an X on this line if it is okay for us to record you \_\_\_\_\_\_\_\_\_\_

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Write your name on the line Date

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Check which of the following applies (to be completed by the person administering the assent.)

 The child is capable of reading and understanding the assent form and has signed above as documentation of assent to take part in this study.

 The child is not capable of reading the assent form, but the information was verbally explained to him/her. The child signed above as documentation of assent to take part in this study.

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Signature of person obtaining assent Date