WAYNESBURG UNIVERSITY

Assent Form
Project Title

NOTE: This is only a sample. Modify as appropriate. The form must be on department letterhead and include the title "Assent Form" and the "Title" of the research project.

Hello
I, (SUZIE SUBJECT), have been asked to be in a research study/QI project about (describe study). The person doing this study is (NAME OF PI).

Why?
Why is (NAME OF CLASS/PERSON) doing this study?
(PI provide reason here - in language the child will understand).

What will I need to do?
I will be involved in this study while I am at (place). I will be asked to (DESCRIBE EXPECTATIONS). It will take me (TIME) to do this. About (LIST NUMBER OF SUBJECTS) other children will also be asked to do this.

Will this hurt me?
This will not hurt you. The questions you are asked might make you worried or afraid. You might get frustrated at times during this study, but you will not have anything done to you that will cause you to hurt.

How will this help others or me?
This will help you because your teachers will better understand how students feel about (PURPOSE OF STUDY). Then, your teachers can help you or other children more in the classroom.

What if I have questions?
If I have questions, I am allowed to call (JOHN INVESTIGATOR) at (CONTACT INFO) or Dr. Jenny Jellison at 724-852-3242. My parents/guardians also have e-mail addresses and postal addresses for these people.

Who else will you tell?
(JOHN INVESTIGATOR) and your teacher will not tell anyone else about my answers to these questions. When (JOHN INVESTIGATOR) does his/her class report on this homework, he/she will not tell anyone my name, either.

Do I have to do this?

NO. I know that I do not have to do this if I don't want to. If I don't do this, it won't hurt my grade in this class. Also, if I decide to do this and want to quit later, I can.

Your parents/guardians will get a copy of this paper.

I want to participate in this research study.

Signature of child Date

Signature of investigator Date