A close up of a sign

Description automatically generated

KEISER UNIVERSITY

INSTITUTIONAL REVIEW BOARD

Assent Form

[Example of child assent form. This should be adjusted to the reading and comprehension level of the participant:]

We are doing a research study and would like for you to be a part of it. A research study tries to find the answers to some questions. In this study we want to know [insert what you are investigating- for example: what kids like you think about schoolwork, friendships and playing sports]. Your parents have told us it is OK for you to answer these questions but want to make sure you are also OK with this. We will ask you to [insert what the child will do- for example: read and answer 20 questions.] Your answers will be private. Your name will **not** be on your answers, and only the researchers will see them.

If you do not want to answer the questions you do not have to, and you can stop at any time. You can also ask us questions if you do not understand any of the questions.

[insert this if appropriate: This study will not hurt you in any way, but some of the questions might make you think about things you haven’t thought about before. If any question makes you uncomfortable, you do not have to answer it. You will not get in trouble for skipping a question.]

You [(may not get anything) or (insert incentive)] in return for being in this study, but [or and] your answers may help us understand [insert study goal].

Do you agree to take part in this study? If you understand what this study is about and want to participate, please sign below.

Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_