Note (REMOVE INSTRUCTIONS BEFORE SUBMITTING TO IRB):

**Blue text** in brackets is information that may need to be entered to reflect your project and IRB requirements. This form is intended for children age 9 or older. Verbal assent or a request for a waiver of assent may be appropriate for children age 8 or younger.

**[Title of Project]**

**Child Assent to Participate in Research**

You are being asked to join a research study by [PI name, the Principal Investigator, and researcher name(s)], from the [department name]. This project is to [briefly describe purpose].

If you join the project, you will be asked to [briefly describe what will happen to the participant in the project, where it will take place, the duration of the study, etc.].

If you join, there may be some risks, [describe the risks]. There may also be some benefits, [describe the benefits].

If you do not want to join the project, you can [alternative choice to participation].

Any information about you will be kept secure by the researchers by [describe confidentiality plan].

If you join the study, you will get [describe compensation or other tangible award].

We will provide information to your parents before you decide to join or not join this study. We will also ask your parents for permission for you to be in this study.

If you have any questions at any time, please call or email [PI name and contact information]. If you would like to talk to someone else, you can call the IRB Office at (920) 424-3215 or email at IRB@uwosh.edu.

You do not have to be in this study. If you do choose to be in the study, you can change your mind at any time by contacting the researcher.

Signing this form means you have read this form and all of your questions have been answered. You and your parents will be given a copy of this form.

I agree to join this study.

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Name of Child Participant Signature of Child Participant Date