**[Insert the title of research study here. The title should be accessible to a layperson. Use Times New Roman, pt.14, bold]**

**Assent Form**

My name is [provide your full name]. I [work or go to school] at Tulsa Community College. I am inviting you to participate in a research study about [the topic of the study in simple language]. Your parent(s) know we are talking with you about the study. This form will tell you about the study to help you decide whether or not you want to take part in it.

**What is the key information about this research study?**

The following is a short summary of this study to help you decide whether you want to be a part of this study. Information that is more detailed is listed later on in this form. [The following should be all one paragraph:]

The purpose of this study is [insert purpose here]. You will be asked to [include a brief statement of the procedures that will be done. For example: You will be asked to complete a survey and a follow-up interview]. We expect that you will be in this research study for [hours/days/months/weeks/years, until a certain event].

**Why is this study being done?**

The purpose of the study is to [explain why the research is being done using language that is appropriate to the child’s age and maturity. Keep the explanation brief.] You are being asked to take part in the study because [explain why the child is a potential participant.] You cannot take part in this study if [list any exclusion criteria, if applicable.]

**What do I need to do?**

If you decide to be in the study, I will ask you to [describe what the child will be asked to do in simple language that is appropriate to the child’s age and maturity].

**What are the benefits to me?**

If you take part in this study, you might [explain the benefit(s) for the child in simple language, if applicable] [If there are no direct benefits to the child, use the following statement: Taking part in this study may not have direct benefits to you, but it will help me learn [explain what the researcher will gain from this study in simple language.]

**Are there any risks to me if I decide to be involved in this study?**

There are no foreseeable risks however some kids [describe potential risks/inconveniences to the child, including but not limited to fatigue, boredom, anxiety, etc. in simple language. Explain what you will do to minimize or handle those risks/inconveniences. For example: “If you become tired, let me know. We will take a short break”]

**How will my information be protected?**

Your responses will be [anonymous OR confidential- Explain in simple language.] The results of this study may be used in reports, presentations, or publications but your name will not be used.

**Do I have to be in the study?**

No, you don’t. The choice is yours. Your participation in this study is completely voluntary. No one will get angry or upset if you don’t want to do this. And you can change your mind anytime if you decide you don’t want to be in the study anymore. [If applicable, use the following statement: “It will not affect your grade”]

**Do I get anything in return for participating in this study?**

[Include this section only if there is compensation (e.g. payment, gift cards, etc.)]

You will receive [discuss form of payment/ compensation].

**What if I have questions?**

If you have questions about the study, you can ask me now or anytime during the study. You can also call me at [insert your phone number] or e-mail me at [insert your TCC e-mail address]. [If this is a student research project, include the contact information for the faculty advisor.] If you have any questions about your rights as a participant in this research or if you feel you have been placed at risk, you can contact the IRB Office at [irb@tulsacc.edu](mailto:irb@tulsacc.edu). You will receive a copy of this form for your records.

Signing below means that you have read this form and that you are willing to be in this study.

Name of the Participant (Write your name on the line): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Participant (Put your signature on the line): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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