Delete all instructions in red before submitting to the IRB. Use the appropriate header associated with your school.

**Use this template when the parent has given permission for a child to participate in your research study, and the child must provide separate assent. This template’s reading level is appropriate for ages 7-13. Consider the table below to determine how to obtain and document the consent of minors.**

|  |  |  |
| --- | --- | --- |
| **Age of Child Participant** | **Written Consent?** | **Parental Consent Form?** |
| **Toddler (<6 years old)** | **No, provide verbal script** | **Yes** |
| **School Age (7-13)** | **Yes, ensure the assent form is in age-appropriate language** | **Yes** |
| **Adolescent (14-17)** | **Yes, use similar language to the ICF intended for an adult** | **Yes** |
| **Legal Adult (>18)** | **Yes** | **No** |

Instructions are in red. Customize the language in black as needed to fit your study. When you have finished, ***read over*** the entire document to ensure it makes sense and is accurate.

**Assent to Participate in a Research Study (For Children Ages 5-12)**

I am[Insert Name of Researcher] from Stockton University. I am doing a study to [Describe research purpose in simple terms].I would like to ask you to help me by being in a study, but before that, I want to explain what will happen if you decide to help me.

For this research, I will ask you questions about your feelings on different types of music. [Describe what will take place using appropriate language from the child's point of view, including time involved. If the study involves specific questions and if appropriate, indicate that there are no right or wrong answers. Note if you will be audio or video taping the child. If the study involves risks, explain them in child-friendly language.].

Your parents, teachers, and classmates will not know what you have said/wrote for this study. [Describe who will/will not have access to information]. When I tell other people about my study, I will not use your name, and no one will be able to know who I am talking about. [Describe confidentiality in simple terms. Explain if you will or will not use their name or any other personal identifiers, and who may identify the child participant.]

We do not think that any big problems will happen to you as part of this study, but you might be sad because of some songs or with the things songs make you think of. [Big problems refer to risk in age-appropriate language, modify to suit your study]. You also might be upset if other kids see your answers, but we will try to keep other kids from seeing what you write.

You can feel good about helping us to learn what kind of music makes kids happy. [List any direct benefits in age-appropriate language. Consider benefits to larger groups or society]

You should know that:

* You do not have to be in this study if you do not want to. You will not get into any trouble with your teacher, your school, or your parents if you say no. What you decide will not change your grades, or how people think about you. [Emphasize the is no negative consequence if child opts to not participate and participation is voluntary]
* You may stop being in the study at any time. I will not be upset and no one else will be upset if you do not want to be in the study. [Indicate child can discontinue participation at any time without consequence]
* If you want to be in the study now but change your mind later, that is okay. [Emphasize right for child to withdraw from study at any time]
* Your parent(s)/guardian(s) were asked if it is OK for you to be in this study. [Disclose that guardians are aware of the proposed research study] Even if they say it is OK, it is still your choice whether to take part.
* You can ask any questions you have, now or later. If you think of a question later, you or your parents can contact me at 609.626.XXXX or john.doe@stockton.edu [Include contact information for questions, concerns, or complaints].
* If you are scared to ask me a question about if you have to join my study, you or your parents can contact the IRB at irb@stockton.edu. [Refers to IRB for information on human subject rights]

Would you like to be in my study, listen to music, and answer some questions? [Question for consent should be brief with a yes or no response exclusively.]

**NOTE TO RESEARCHER:** The child should answer “Yes” or “No.” Only a definite “Yes” may be taken as assent to participate.

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Voluntary Response to Participation: [ ]  Yes [ ] No

Signature of Researcher Obtaining Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Optional) Signature of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Permission on File: [ ]  Yes [ ] No

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