**PROTECTION OF HUMAN SUBJECTS**

**INSTRUCTION FOR COMPLETING THE**

**SHSU ASSENT TO PARTICIPATE IN RESEARCH**

1. This document is to be used when you have been granted an exception to signed consent. It may be appropriate to use on surveys and interviews that present minimal risk to participants.
2. This document identifies important issues that should be communicated to potential participants in your research.
3. The bold headings should not be changed.
4. Appropriate text is given in standard font.
5. Type your information in the area enclosed in parenthesis with italics font.
6. You may add additional information as needed.
7. After you complete the form and it has been approved by the PHSC, print out the approved form and use it in your study. Do not substitute another form for the one that is approved.
8. Be sure to save a copy of this form to your computer.
9. Upload the form into your application.
10. **When you complete your assent form, please delete these instructions before uploading file into your IRB application.**

**ASSENT TO PARTICIPATE IN RESEARCH**

***(Insert Title of Study)***

1. My name is [*identify yourself to the child by name and affiliation*].
2. We are asking you to take part in a research study, because we are trying to learn more about [*outline what the study is about in language that is appropriate to both the child’s maturity and age*].
3. If you agree to participate in this study, [*describe what will take place from the child’s point of view in language that is appropriate to both the child’s maturity and age*].
4. [*Describe any risks to the child that may result from participation in the research*].
5. [*Describe any benefits to the child from participation in the research*].
6. [*Explain whether the information they provide will be disclosed to any adult. If it will remain confidential, explain how the information will be kept private*].
7. Please talk this over with your parents before you decide whether or not to participate. We will also ask your parents to give their permission for you to take part in this study.
8. If you do not want to be in this study, you do not have to participate. Remember, being in this study is up to you, and no one will be upset if you do not want to participate or if you change your mind later and want to stop.
9. If you or your parents have questions about your rights as a research participant, you may call the Office of Research and Sponsored Programs—Sharla Miles at 936-294-4875 or email her at [sharla\_miles@shsu.edu](mailto:sharla_miles@shsu.edu).
10. If you have questions about the research, you may contact me at [*insert PI’s email and business phone*] or my faculty sponsor, [*insert faculty’s name*] at [*insert email and business phone number for faculty sponsor*].
11. Signing your name below means that you agree to be in this study. You and your parents will be given a copy of this form after you have signed it.

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Name of Subject Date

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Signature Age Grade in School

Assent obtained by [*insert name of person explaining the research to the child*]