

IRB – Child/Teen Assent Form (Ages 7-18)

For all studies

Title of Research Project:

Principle Investigator(s):

Purpose of Research: In age-appropriate language, explain why the study is being done.

Procedures and Location: Describe what the participant will do, how often, and where, using plain, easy to understand language.

Duration of Participation: Explain how long participation will last.

Risks or Discomforts: Easily explain any risks, e.g., “You might feel shy answering questions.”.



Benefits: Describe any direct or indirect benefits in clear, understandable terms.

Alternatives (if applicable): Explain what the participant can do instead of participating.

Compensation or Incentives (if any): State what the participant will receive.

Confidentiality: Explain how information will be kept private and who can access it, in terms that will make sense to the child or adolescent.

Voluntary Participation and Right to Withdraw: Explain that participating is voluntary, and that he/she can stop at any time, using age-appropriate language.



PI's Contact Information Regarding Research Questions:

Contact for the Office of Sponsored Programs and Research:

Caroline Stanton
Compliance and Research Officer
Office of Sponsored Programs and Research
205-652-3403, cstanton@uwa.edu

Notices (if applicable): Easily describe any special information participants need to know, such as whether audio or video recordings will be made, data will be shared, results will be returned to participants, or if biospecimens could result in commercial profit.

Broad Consent for Future Use (if applicable): Are you willing to give consent for future research use of de-identifiable information or biospecimens collected in this study?

☐ Yes ☐ No

Child's/Teen's Assent & Signature:

- ☐ Yes, I want to be in the study.
☐ No, I do not want to be in the study.

Printed Name of Child/Teen: _____

Signature of Child/Teen (if appropriate): _____ **Date:** _____

Printed Name of Researcher Obtaining Consent: _____

Signature of Researcher Obtaining Consent: _____ **Date:** _____