

IRB – Child/Teen Assent Form (Ages 7+)
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.



Pl's Contact Information Regarding Research Questions:	
Contact for the Office of Sponsored Programs and Research	h:
Operation Observan	
Caroline Stanton	
Compliance and Research Officer	
Office of Sponsored Programs and Research	
205-652-3403, cstanton@uwa.edu	
Nationalist applicable to the describe account and the formation	on portionante road to be see such
Notices (if applicable): Easily describe any special informati	•
as whether audio or video recordings will be made, data will be will be made, data will be will be will be w	
to participants, or if biospecimens could result in commerci	ai profit.
Broad Consent for Future Use (if applicable): Are you willing	ng to give consent for future
research use of de-identifiable information or biospecimen	
☐ Yes ☐ No	is concercum tims study.
Child's/Teen's Assent & Signature:	
☐ Yes, I want to be in the study.	
☐ No, I do not want to be in the study.	
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: