**Project Title: The title should be accessible to a layperson. Use Times New Roman, pt.14, bold]**

**IRB#:**

**Principal Investigator:**

**Assent Form**

My name is [provide your full name]. I [work or go to school] at California State Polytechnic University, Pomona. 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]. The primary risk of participation is [insert primary risk]. The main benefit is [insert main benefit].

**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. If the child will be asked to do several things, describe each one. Explain about how long each activity will last. If you are going to audio or video record, you should mention it here and explain that you won’t record the child without their permission].

**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; “anonymous” is applicable when unidentifiable data is collected and the researcher(s) do not know the participants (e.g. participants are assigned ID numbers during the study and/or there is no master list with participants’ personal information), “confidential” is applicable when the researcher knows, collects, or has a record of the participant’s name or other identifiable information such as e-mail address, phone number, address, birthdate, student ID, and/or social security but uses pseudonyms during reporting of the data, and the personal information is only accessed by the researcher or the research team who is doing the study. If using focus groups, add the following statement: “Due to the nature of focus groups, complete confidentiality cannot be guaranteed”. Mention here if you plan to audio or video record.] The results of this study may be used in reports, presentations, or publications but your name will not be used. [If applicable, use the following statement: “Results will only be shared in aggregate form (grouped all together)”. Additionally, explain where the data will be stored (e.g. locked cabinets, password protected computer), who will have access to the data (e.g. the researcher, research team), and how long the data will be retained (e.g. up to 3 years after the project is completed)]

**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?**

[Name any compensation here (e.g. payment, gift cards, etc.) or state that student will not be compensated] You will receive [If payment involved, explain the amount and the conditions under which the child will receive compensation. If instead of payment the participants receive credit or other forms of compensation (e.g. gift card), this should be mentioned here. If the child receives compensation for different parts of the study, the compensation schedule needs to be mentioned here as well.]

Investigators must also include

*1.* I might *share your answers/what you tell me with other researchers without asking you if it's okay. They will not know who you are. OR*

*2. I will not share what you tell me/your answers with other researchers.*

**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 cpp 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-office@cpp.edu](mailto:irb-office@cpp.edu) or [irb@cpp.edu](mailto:irb@cpp.edu) or (909) 869-3715. 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.

I, ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, want to participate in this study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

[Add a separate signature and date line to give permission to audio or video record. *Signing here means that you agree to be audio or video recorded*].