**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 am I being asked 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 in the sequence the child will experience. Explain 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 for taking part in the study?**

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.]

**Can anything bad happen if I am in this study?**

I do not expect anything bad happening to you but 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”]

**Who will know that I am in the study?**

If you decide to be in the study I will not tell anyone else how you respond or act as part of the study. Even if your parents or teachers ask, I will not tell them about what you say or do in the study.

**Do I have to be in the study?**

No, you don’t. The choice is yours. 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 appropriate add: This study will not change your grade or change how your teacher feels about you.]

**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 or irb@cpp.edu (909) 869-3715. You will receive a copy of this form for your records.

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.*

Signing below means that you have read this form and that you are willing to be in this study:

Name of the Participant (Print your name on the line): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Participant (Sign on the line): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*].