

Assent Form to Participate in Research

Note: Most of the black text in this document can be kept as is. Modify and replace the red text to fit your study. The additional notes in blue (labeled "Note") are tips. Be sure to remove notes before submitting. Remember to proofread and format properly.

Title or paraphrased title of the study

Dear Parent/Guardian:

My name is **insert name**, and I am a student in the **program name** at Regis University. I am asking for your permission to include your child in my research. This consent form will give you the information you will need to understand why this study is being done and why your child is being invited to participate. It will also describe what your child will need to do to participate as well as any known risks, inconveniences or discomforts that your child may have while participating. I encourage you to ask questions at any time. If you decide to allow your child to participate, you will be asked to sign this form and it will be a record of your agreement to participate. You will be given a copy of this form to keep.

OPTIONAL: Your child is being asked to participate in this study because **explain succinctly and simply why the prospective subject is eligible to participate. State whether there are inclusion or exclusion criteria for participation (e.g., medical conditions that would include or exclude a person).**

Note: Remove "OPTIONAL" header if you include this second section above. Typically only included if you have exclusion criteria; if you have any exclusion criteria, be sure to state clearly here, and state "If you have [list exclusion] please tell the experimenter now. You will still receive your research credit, if applicable."

PURPOSE OF THE STUDY

Briefly state what the study is designed to examine, assess, or establish.

Note: This is just a short paragraph, usually a couple of sentences.

PROCEDURES

If you chose to allow your child to participate in this study, your child will be asked to do the following things:

Describe the procedures chronologically using simple language, short sentences, and short paragraphs. If there are several procedures or if they are complex, the use of subheadings may help organize this section and increase readability. Define and explain scientific or discipline-specific terms. Use language appropriate to the population. If applicable, specify the subject's assignment to study groups, length of time for participation in each procedure or study activity, the total length of time for participation, frequency of procedures and location of the procedures to be done. If subjects will be recorded (audiotaped, videotaped, digitally), describe the procedures to be used. If any study procedures are experimental, clearly identify which ones.

Note: This should be brief (1/4 to 1/3 page) but clear and informative. Should include exactly what the participant will do, including number of items, stimuli, etc.

POTENTIAL RISKS AND DISCOMFORTS

There are no anticipated risks to your child from their participation in this study. We believe that the risk from participation is no greater than that encountered in everyday life. However, in case your child does

experience any mild distress from the experiment, a debriefing process will be provided at the end of the experimental session.

(NOTE: If you DO think there could be small risk, you would state that here, and state how you will avoid it and deal with it. If you think there is greater than small risk, then you CAN'T do the research).

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

Your child will benefit by learning about research in the fields of (state field) and will benefit by learning more about the topic of (state topic). There is a benefit to the field of (state field) research by expanding our knowledge about this topic. (One sentence description of what you hope to learn).

Note: You can keep the above paragraphs word for word, and just modify where appropriate.

PAYMENT FOR PARTICIPATION

(State field) subject participants will receive one Research Credit from participation, which will fulfill a course requirement or be used for extra credit. Others will participate as volunteers and not receive compensation.

Note: The above paragraph is a sample ONLY, please modify for your particular study.

CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with your child will remain confidential and will be disclosed only with your permission or as required by law. A coding procedure will be used so that the researcher will use a numerical code for your data that can't be identified with your child and your child's name will not be recorded with the data. The researcher and the researcher's faculty advisor will have access to the raw data, and results of data will be presented in aggregate form. After completion of the study, the consent forms and data will be stored for three years in a locked filing cabinet at Regis University in the Department of (state department).

Note: You can keep the above paragraphs word for word, and just modify where appropriate.

This research is being conducted by a student as part of a course requirement. Therefore, records that identify your child and the consent form signed by you may be looked at by others. They are:

- Regis IRB that protects research subjects like you
- Officials at Regis University who are in charge of making sure that we follow the rules of research
- Any faculty members who are co-investigators on this project may also contact you about your participation in the project

PARTICIPATION AND WITHDRAWAL

You can choose whether or not you want your child to be in this study. If you chose for your child to be in this study, your child may withdraw, and you may withdraw your child at any time without consequences of any kind or loss of benefits to which your child is otherwise entitled. Your child may also refuse to answer any questions they do not want to answer. If you sign the consent form but then your child does not complete the project, please write "withdrawn" on your original assent form, next to your signature, to indicate that you have chosen for your child not to participate further.

Note: You can keep the above paragraphs word for word, and just modify where appropriate

(Include the following paragraph in this section only if relevant)

The investigator may withdraw you from this research if circumstances arise which warrant doing so.

Describe the anticipated circumstances under which the subject's participation may be terminated by the

investigator without regard to the subject's consent.

Note: As stated, only include the above section and header if relevant.

IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about this research, please contact: **Identify Principal Investigator and Faculty Sponsor**

Note: Include both e-mail and phone number.

RIGHTS OF RESEARCH SUBJECTS

If you have any questions about your rights as a research subject, you may contact the Regis University Institutional Review Board (IRB) which is concerned with the protection of volunteers in research projects. You may contact them by any of the methods below:

Mail: Regis University
Center for Scholarship and Research, B-12
3333 Regis Boulevard
Denver, CO 80221

Phone: (303) 458-4188

Email: IRB at IRB@regis.edu.

You will be given the opportunity to discuss any questions about your rights as a research subject with a member of the IRB. The IRB is an independent committee composed of members of the University community, as well as lay members of the community not connected with Regis. The IRB has reviewed and approved this study.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Printed Name of Subject

Signature of Subject

Date

Signature of Investigator

Date