



[Project Title]

Minnesota State University, Mankato Assent Form (Child)

This document is intended to serve as a template that can be adapted to the specific needs of your research project. It is important to ensure that the language you use, whether spoken or read, is **appropriate to the subject's developmental level**.

Optional: This template is **not** a requirement. It is offered as a tool to assist you in your research. You are welcome to design your own assent forms. Please ensure that all of the relevant elements of assent are present.

Students: Please confer with your advisor to ensure you are designing your assent language according to their guidance.

Colors: This template utilizes colors to help you consider your options. Colors are not required or expected in your assent language.

Typical or required language is written in **black** while examples of language that can be emended are written in **yellow**.

Purpose

My name is [provide full name]. I [work or go to school] at Minnesota State University, Mankato. I am inviting you to participate in a research study about [insert topic of the study in simple language].

Before you decide, here are some important things to know:

- **What will you do?**
You will [describe the activity in simple terms, e.g., "play with some toys and answer a few questions"].
- **Will it hurt or be scary?**
No! This is safe, and you can stop anytime if you don't want to continue.
- **Do you have to do this?**
No, you don't have to. If you say "yes" now and later change your mind, that's okay too!



- **Will you get in trouble if you say no?**
Not at all! You can say no, and that's completely fine.
- **Will you get in trouble if you say no?**
Not at all! You can say no, and that's completely fine.
- **Will anyone know what you did or said for the study?**
Only the researchers will know what you did for the study. Your parents/caregivers will only know that you worked with us.

Questions: This is an appropriate place in the assent procedure to ask the subject whether they have any questions about participation.

If you want to be part of this, please put your name below. If you don't want to, that's okay too!

Signing here means that you have read this form or have had it read to you and that you are willing to be in this study.

Do you want to do this?

- ☐ Yes
☐ No

Your Name: _____

Date: _____

Person Explaining This to You: _____

_____ Initial Here