Minor Assent Template

Annex for Human Subjects Review

Please modify this consent form so that it is appropriate for your study. This includes making certain the letter is culturally appropriate, in a language comprehensible to participants/parents, at a reading level they can understand, etc. In some cases, this text may serve as the basis for a verbal consent process. Please delete or modify any text in brackets/italics, and where multiple options are given (such as two possible sentences marked as either/or) select one and delete the others.

Please note that you may reduce the length of the letter to make it more accessible for your participants so long as the core requirements listed in the template are met. Assent processes and forms should be appropriate to the age of the minor; children under age 7 may require very simple oral explanations while children over age 7 may be able to read progressively more detailed text as they increase in age. For further considerations, please consult the HHS FAQs on research with children found here: <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/children-research/index.html>

(Delete text above for your final form.)

## Minor Assent Form

Title of the Study:

Researcher:

I am doing a study about …

###### Why Have You Been Asked to Be Part of This Study?

I would like you to participate in a research study about ….

The purpose of the study is …

###### What Will You Be Asked to Do?

If you agree to be in this study, you will be asked to do the following things: [explain what participants will be asked to do].

Participation should take about [insert expected amount of time].

###### Are There Any Potential Risks or Discomforts For You?

Participation in this study carries no reasonable foreseeable (or expected) risks. There may be unknown risks.

Your parents know about the study and have agreed that you can participate if you want to.

###### Are There Benefits to Being in This Study?

The study could benefit you in the following ways:

*Or*

The study will not benefit you directly etc.

###### Confidentiality

This study is anonymous. We will not be collecting or retaining any information about your identity.

*Or*

The records of this study will be kept strictly confidential. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file. *[If audio or video tape recordings are made, explain specifically who will have access to them, if they will be used for educational purposes, and when they will be erased/destroyed and indicate how they will be destroyed or erased.]* We will not include any information in any report we may publish that would make it possible to identify you.

###### Right to Refuse or Withdraw

The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* without affecting your relationship with the investigator of this study or Smith College. Your decision will not result in any loss or benefits to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely from the interview at any point during the process; additionally, you have the right to request that the interviewer not use any of your interview material.

###### Who Will See the Information Collected About You?

When I am finished with this study, I will write a report about what I learned. This report will not include your name or that you were in the study. I will give you a fake name and I will not keep any of the materials you recorded.

Please feel free to contact me if you have any questions about the study.

###### Advisor:

I understand what I will be asked to do in this study. I understand that I can stop participating at any time. I want to take part in the study.

*Minor’s Name (printed) and Signature Date*

*Name of Person Principal Investigator and Signature* *Date*