***Please replace or delete the instructional text in red font before submitting to the REB. Arrange to give or send a copy of the completed Consent Form to parent or guardian of participant. All content should be written in simple language, easily understandable to a person of the target age and/or condition.***

**Informed Assent Form**

**Text in blue is sample wording that is acceptable to the REB. However, make sure to alter the wording, if necessary, to reflect your research plan, or to include any additional needed information.**

|  |
| --- |
| Study Title *Study Title* Name and Contact Information of Researchers: Name, Carleton University, Department/School/Faculty  Tel.: \*\* (Carleton Phone Number (if applicable))  Email: \*\* (Carleton Email)  Supervisor and Contact Information: *(if any)* Carleton University Project Clearance Clearance #: \*\* *(this 6-digit # will be assigned to your study*)  Study Clearance Date: \*\*  Assent form version date: \*\* |

# Why am I here?

*You are here today to learn about our study. We would like to know if you want to be in this study to help us find out new information and knowledge.*

# What is the study about?

*Briefly describe, in simple terms, the background and purpose of the study.*

*This study has two goals:*

*1.*

*2.*

# What will I be asked to do?

If you agree to join in, we will ask you to:

*For example:*

* *What are the activities that the participant will be asked to do (e.g., work with flashcards, answer questions in a paper survey, answer questions in a 1-on-1 interview, answer questions in a group session, participate in exercise activities or group activities, etc.)?*
* *If the study requirements are more involved or involve ongoing activities, describe these in simple terms.*
* *What is the nature of the requested information that is collected or recorded?*
* *Where will this take place?*
* *How long is/are the activity(ies) expected to last?*
* *Will the interview be audio or videotaped? If so, can the participant choose not to be recorded?*
* *Can the child take breaks?*

**Is this clear? Yes  No**

# Could something bad happen?

*Describe in simple terms any foreseeable physical, emotional/psychological, social/legal/economic, or privacy risks entailed by participating in the project along with any special discomforts or inconveniences that may be experienced. Mention only reasonably foreseeable risks. Explain what you will do if something bad happens.*

Or

We do not think any bad things will happen to you in this study. This study will not hurt.

# Will the study help me? Will I get anything for participating?

*Describe possible benefits or:*

No, this study will not give you anything, but we hope we can help other people with what we learn by … *[add brief and simple description of possible study social benefits]*

# Do my parents/guardians know about this?

* Your parents/family were told about the study and they said that you could be in it.
* You can talk to them about the study before you decide.

# Who knows what I do during the study?

* While we will write down or audio record what you say to the researchers and do during the study, we will not tell anyone your name or what you say.
* Your siblings, friends, and teachers will not know who said what during this study.
* If you tell us about someone who is trying to hurt you, or that you might hurt yourself, we will have to tell people to get help.

# Can I leave the study?

* You do not have to be in this study.
* You can skip questions.
* You can decide now or later that you want to stop being in the study and nobody will be mad at you. If you change your mind, you can tell us or ask someone you trust to tell us. You can call or email us.
* If you quit (or skip questions), you will still get the [compensation].

# What do I do if I have questions?

If you have any questions about the study, you can ask us now or later. You can also ask someone you trust to ask us, write us an email, or call us.

# Statement of voluntary and informed assent

I want to be part of this study

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Yes \_\_\_No

Name of participant

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

Signature *(if applicable)*  ` Date

**Research team member who interacted with the participant**

I have explained the study to the participant and answered all their questions. The participant appeared to understand and agree. I provided a copy of the consent form to the participant, and the parent or guardian, for their reference.

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

Signature of researcher Date