**CHILDREN’S ASSENT TO PARTICIPATE IN RESEARCH**

**(Ages 7-17)**

**Title of Research:**

**Principal Investigator:** *[must be a TCU faculty or staff member]*

***[Co-investigators:]***

*Instructions: Text in red should be deleted and replaced with study specific language prior to submission to the IRB Office for review.*

**Overview:** You are invited to participate in a research study. In order to participate, you must be *[eligibility criteria, e.g., age, gender, language, etc.]*.

**What is the purpose of the research?**

Describe the purpose of the research in age-appropriate language.

**What is my involvement for participating in this study?**

Describe what the participants will be asked to do in age-appropriate language (complete questionnaires, repeat sentences, point at pictures, etc.) and how long the procedures will take.

**What are the risks for participating in this study and how will they be minimized?**

Provide the risks/benefits of participating in this study in age-appropriate language (You may get tired and bored through the testing, you can take a break or stop the testing at any time, etc.).

**Can I stop my participation?**

You can say you want to stop at any time. You can stop even if your parents do not want you to stop.

If you sign this paper, you are saying that you understand your participation. You also understand that you can ask questions and stop your participation at any time.

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

Participant’s Signature Date

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

Printed Name of the person obtaining consent

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

Signature Date

**Consent to be audio/video recorded**

I agree to be audio recorded. Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

I agree to be video recorded. Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

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

Signature Date