

## **Insitiutional Review Board**

## CHILD ASSENT (7-12 years)

I am *[Insert Name]* from Minot State University. I am doing a study to figure out *(explain in simple terms why you are conducting research)*. We are asking you to take part in the research study because *(explain why the child qualifies for the study)*.

For this research, we will (*explain what child will be asked to do: e.g. ask you some questions about how you feel about school and how you get along with your classmates*). We will keep all your answers private and will not show them to your teacher or parent(s)/guardian. Only people from Minot State working on the study will see them. [If this is not an accurate description of the use of their information, insert other description as applicable].

We don't think that any problems will happen to you as part of this study, but you might (*explain* any risks which may result, e.g. you might feel sad when we ask about bad things that happen at school. You also might be upset if other kids see your answers, but we will try to keep other kids from seeing what you write).

[Describe direct benefits if applicable]. You can feel good about helping us to (explain any potential benefits to others).

You should know that:

- You do not have to be in this study if you do not want to. You won't get into any trouble with Minot State, your teacher, or the school if you say no.
- You may stop being in the study at any time. If there is a question you don't want to answer, just leave it blank.
- Your parent(s)/guardian(s) were asked if it is OK for you to be in this study. Even if they say it's OK, it is still your choice whether or not to take part.
- You can ask any questions you have, now or later. If you think of a question later, you or your parents can contact me at (*provide contact information for researcher(s)*, and advisor *if graduate student*).

## Sign this form only if you:

- have understood what you will be doing for this study,
- have had all your questions answered,
- have talked to your parent(s)/legal guardian about this project, and
- agree to take part in this research

Your Signature	Printed Name	Date
Name of Parent(s)/Guardia	n(s) or Legal Authorized Representation	ve