Some research/evaluation projects require student assent before the student participates in the project. Student assent should be in language appropriate to the student's level of understanding. If you are affiliated with an institution with an Institutional Review Board (IRB), you can follow your institution's IRB guidelines for oral or written assent. If not, students in elementary school should receive oral assent. Students in middle school and high school should have a written assent form that is orally explained to them prior to their signature.

You can use a Minor Student Assent Form (for children under 18 years old) that is required or recommended by your external IRB, but you must include content from all the numbered areas listed in the template below and include the specific statements MSCS requires. See the Primary Data Application User Guide for more information.

The *italicized text* is sample language you can use. Insert your specific details in place of the bracketed comments in blue and in the IF NEEDED sections. You may add additional information that is required or recommended by your external IRB committee.

Tips:

- Do not assume that this example template covers all the information needed for your study.
- You must modify the content to be applicable to your study.
- Write at an appropriate reading and developmental level for the children's age range. The example below is for children 7-14 years old, so a more robust assent form may be appropriate for older children.
- Adjust formatting as needed.
- Remember to remove these instructions and the guidance, highlighting, blue font, brackets, and the words "IF NEEDED" from your drafted consent form. Also, remove the IF NEEDED statements that do not apply.

Minor Student Assent Form for children 7-14 years old

1. What is this study about? (Introduction and Purpose)

My name is **[researcher name]**, *and I am a* **[job title]** *in* **[university, research institute, or organization name]** *working on a research/evaluation project for* **[funder, sponsor, grant name]**. *We are doing research/evaluation on* **[project title or project focus].**

2. Why am I being asked to be in the study? (Student Eligibility)

We would like you to take part because you are **[describe eligibility criteria]**.

About **[number]** *students from* **[number *of schools* OR *the District*]** *will be in this study.*

3. What will happen during this study? (Study Procedures)

If you decide to be in this study, we will ask you to **[describe all data collection activities]** *outside of the school day*. *IF NEEDED* **[Add request to audio-record students].** *There are no right or wrong answers. This is not a test and you will not be graded.*

IF NEEDED When student participation is approved to occur during the school day, include a description of what students will do while other students are participating if students who decline to participate. They should be assigned a comparable activity or be allowed to do other academic work; they should not be rewarded (e.g., allowed to leave classroom and go to the gym) or penalized (e.g., assigned additional required work) for non-participation.

IF NEEDED *We will audiotape* ***your*** **[describe what will be recorded – i.e. interview, focus group activity]**. *We will only use the audiotape to* **[explain why]**.

4. Are there risks to me if I am in this study? (Risks and Discomforts)

No study is completely risk-free. ***However, we don't anticipate that you will be harmed or distressed during this study. OR As part of the study you may*** **[describe risks, including the likelihood and magnitude of risk].** *You may stop being in the study at any time if you become uncomfortable.*

5. Will being in this study help me? (Potential Benefits)

Being in this study will ***[not help you directly. OR hopefully help you and other students (learn, do, achieve….)]****, but we can't be sure it will. Information from this study might help researchers help* ***[other students, teachers, etc.]*** *in the future.*

6. Will I get something for participating? (Compensation)

If you participate, you will be paid **[enter amount here]** ***by*** **[how/when they will get it].**

OR:

***If you participate, you will receive a* [enter amount here] *gift card to* [enter name here] *by* [how/when they will get it].**

OR:

You will not receive anything for being in the study.

7. **Who will use and share information about my being in this study? (Data/Findings Use)**

When we are done with the study, we will use the information for internal use only and report to **[internal program staff, sponsors/funders, MSCS District leaders, and/or MSCS school principals]. [Describe any other APPROVED reporting outlets.]**

Any information you provide in this study that could identify you such as your name, age, or other personal information will be kept confidential. **[Explain here who will have access to the information and how it will be kept confidential].** *In any public reports or presentations, no one will be able to identify you, your teacher, or your school.*

8. **Do I have to participate in this study? (Voluntary Participation and Withdrawal from the Study)**

Your parent(s)/guardian(s) have said that you may participate in this study if you want to and have signed a form like this one.

Your participation in this study is voluntary. You can decide not to be in the study, and you can change your mind about being in the study at any time. There will be no penalty to you.

You can ask questions about this study at any time, now or later. You can talk to me or my research/evaluation team at any time during the study. You can contact me, **[your name]**, *at* **901-000-0000** *or* **email@xxxx.xxx**. *Or you can contact my team* **[main contact's name]** *at* **901-000-0000** *or* **email@xxxx.xxx**.

9. **Do you want to be in this study? (Assent Statement and Agreement)**

I have read this form, and I have been able to ask questions about this study. The researcher talked with me about this study and answered all my questions. I voluntarily agree to be in this study. IF NEEDED *I voluntarily agree to let the researcher audiotape me for this study. I agree to allow the use of my recordings as described in this form.*

Please check ONE of the boxes below:

☐ *I agree to take part in this study [*IF NEEDED ***and to be audio recorded].***

☐ *I DO NOT agree to take part in this study [*IF NEEDED ***or to be audio recorded].***

Please sign and date below.

_____ _____

Printed Student Name Date

_____ _____

Signature of Student Name Date

_____ _____

Signature of Investigator Date