**Informed Consent With Assent Sample**
*(Child age 7-17 or adult unable to legally provide informed consent)*

**Research Project title**: insert title

**Primary investigator**: John Doe, Assistant Professor, Dept ABC, (585)389-0000; email1@naz.edu

**Faculty Advisor**: Name and contact information, mandatory for student applicants

**Additional investigators**: if applicable

1. **Purpose of the Research**: The purpose of this research is *to gather information about…….* This study has been reviewed and approved by the Human Subject Research Committee at Nazareth University.
2. **Description of Procedures**: This research involves *an educational project. The project will take place in my child’s classroom. Notes will be written during the project. My child will be tape recorded and the tapes will be transcribed following the sessions*. My *child/parent/ward* will not be identified on the *transcripts*.
3. **Duration of Procedures**: The project will last approximately *X minutes*.
4. **Statement of Participation**: Participation in this project is voluntary. My *child/parent/ward* may withdraw and discontinue participation at any time without penalty or loss of education time. If my *child/parent/ward* chooses not to participate, he/she will not be forced to continue, even though I have signed this letter of consent. Neither I nor my child will be paid for participation.
5. **Risks and Benefits:** The benefits of this research *include…*The risks of this research *include…* We are required to tell you that as in all research, there may be unforeseen risks to the participant. If an accidental injury occurs, appropriate emergency measures will be taken.
6. **Conditions of participation: (*such as age, grade, ability level, etc.)***
7. **Statement of Confidentiality**: Participation in this research is confidential. Neither my name nor my *child’s/parent’s/ward’s* name nor any information that may identify me or my *child/parent/ward* will be used in any *reports or transcripts*. Researchers will store or archive all data in a secure and locked file cabinet. If photographs, (videos, or audiotape recordings) will be used for educational purposes, my *child’s/parent’s/ward’s* identity will be protected through*…(describe the procedure eg face will be blocked through video editing)*
8. **Contacts for questions**: For any questions or concerns regarding this study, please contact the primary investigator (see above contact information).I may also contact the Chair, Human Subjects Research Committee, Nazareth University, if questions or problems arise during the course of the study, *insert name of HSRC Chair and phone number*.

I have read and understand the study and have explained it and the assent letter to my child. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Insert child’s/parent’s/ward’s name)* has my permission to participate in this study.

 Parent or Guardian Signature Date

 Researcher Signature Date

Please have the participant read the following (or read it to him/her) and sign (or write) his/her name to indicate assent.

We are doing a research study about *purpose in simple language*. A research study is a way to learn more about people. If you decide that you want to be part of this study, you will be asked to *description in simple language, including time involved*. Your *parent(s)/guardian* know/s about this study and allow/s you to participate.

*If there are risks to the participant, please include the following statement.* There are some things about this study you should know. There are *procedures, things that take a long time, other risks, discomforts, etc.*

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When we are finished with this study we will write a report about what was learned. This

report will not include your name or that you were in the study.

You do not have to be in this study if you do not want to be. If you decide to stop after

we begin, that's okay too.

If you decide you want to be in this study, please sign your name.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, want to be in this research study.

(print your name here)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Sign (or write) your name here]

*Parts in Italics should be modified for your specific-project. Other parts may need*

*to be modified as well depending on your research methods.*