Teachers College, Columbia University

525 West 120th Street

New York NY 10027

212 678 3000

**Assent Form to participate in a Research study**

**Minor (Ages 12-17)**

*Instructions for Consent Form Preparer:*

*Fill in the information requested in italics or delete as applicable. Include a version date in the footer. If your study has more than one assent form, clearly identify the individual forms in the footer, e.g., “screening assent form” or “assent form”.*

*When developing your assent form, you may want to use certain fonts, such as Arial and Times New Roman, and font size 12 or 14, that are more appropriate for younger aged children.*

*If possible, the form should be limited to a few pages. If appropriate, illustrations may be used in addition to words to assist in the child’s comprehension.*

*If assent is not waived by the IRB, children in this age group should be fully informed of the research using language suitable for their age, maturity and psychological state and assent should be obtained from those deemed capable of making a meaningful decision. When assent will be verbal only, the parental permission should include an acknowledgment by the person obtaining consent/assent/permission and parent or guardian. The assent script could also include an acknowledgment by the person obtaining assent that verbal assent was obtained (see acknowledgment of verbal assent in section 7 of this form).*

*If assent is not solicited, the reason for not soliciting assent should be noted in the research record for the participant.*

*Delete all language that is inapplicable to the proposed research.*

**1. Title of research study and general information**

**Study title:** *[This is the only section where scientific terminology may be used. The title should conform to the title of any grant application/protocol.]*

**Study number:** IRB*-[insert IRB protocol number]*

**2. Researchers’ contact information**

## Principal Investigator: *[name, institutional affiliation (e.g. Professor, Yale University), and degree(s) of the Researcher conducting the study]*

**Phone Number:**

**Email Address:**

**Co-Investigator/Study Coordinator:** *[name(s), institutional affiliation (e.g. Study Coordinator, Columbia University Medical Center), and degree(s), as applicable*]

**Phone Number:   
Email Address:**

**Faculty Advisor:** *[name(s), institutional affiliation), and degree(s), as applicable*]

**Phone Number:   
Email Address:**

**3. Why are we interested in talking with you?**

We are asking you to participate in this research because *[insert simple/layperson reasons for inclusion. Use simple language].*

Before agreeing to participate in this study, it is important that you read this form and talk with the research staff. You should only take part in this study if you want to. This form will explain why we are doing the research and what will happen to you if you are in this research study. We would like to discuss the study and review this form with you. You can ask questions at any time before, during or after our discussion. You will also have time to read this form and ask any questions about the research study. At the end, we will ask you to sign this form if you agree to participate.

It is okay to ask questions about what we are telling you. If you do not understand something, just ask us. We want you to ask any time you think of a question.

**4. What is this research study about?**

In this research study, we want to *[find out/learn more about—i.e. provide a simplified explanation of the how or why you are doing the research. Use simple language].*

There will be about *[insert number]* participants in this study.

You are being asked to participate in this study because we have determined that people who *[detail inclusion criteria]* will help us answer our research question(s). The following people will not be included because *[detail exclusion criteria]*.

*If specific schools are included/excluded*:

We have selected the following schools to participate in this research because *[detail inclusion and exclusion criteria/justification].*

**5. What will happen if you agree to be in the study?**

*[Description of what will take place from the minor’s point of view. Choose as appropriate:]*

If you want to be in this study, this is what will happen:

• We will ask you to *[insert specifics, e.g., answer some questions].*

• We will have you do *[insert specifics].*

• We will look at your *[insert specifics, e.g., student records].*

*[Indicate the approximate total length of the participant’s expected participation by the number of days, months or years (from screening to final completion). If the study has different stages, explain how long each will last.]*

This research will take *[insert how long total].*

It will take *[insert number of visits]* visits that each last about *[insert amount of time of visit(s)].*

*[Insert other language as applicable]***Recordings:**

**Audio/video recording or photography**

We are asking for you to allow us to *[include all recording procedures such as audiotape (voice recording), videotape (movie), photograph (picture)]* you as part of the research study.

The recording(s) will be used for [*include purpose of recording; e.g., analysis by the research team, possible use as a teaching tool to those who are not members of the research staff (i.e., for educational purposes), commercial purposes. If the tapes will be used for commercial purposes, the consent form must specifically state whether or not the subject would be compensated for this use*.]

The recording(s) will include [*indicate whether the subject's name or any other identifier will be recorded. If videotaping will be utilized, indicate the extent to which the subject's identity would be masked, e.g., facial features partially blocked out, recording will not include facial pictures, recording will include full facial pictures*.]

The recording(s) will be stored [*include measures taken to protect subject's privacy, e.g., in a password protected database; in a locked file cabinet with no link to subject's identity, in a locked file cabinet and linked with a code to subject's identity, in a locked file cabinet and labeled with subject's name or other identifiable information] and will be [indicate the length of time the recording(s) will be retained, e.g., destroyed upon completion of the study procedures, destroyed upon publication of study results, retained indefinitely*.]

*1a. If recording is an optional procedure, add the following*:

Please write your initials next to the choice you make below:

\_\_\_\_\_\_ (initial) yes, I agree to recording as described above

\_\_\_\_\_\_ (initial) no, I do not want to be recorded

*1b. The statement below is applicable for any other optional procedures and should be added immediately after the full description in lay language of the optional procedure.*

Please write your initials next to the choice you make below:

\_\_\_\_ (initial) yes, I agree to [*insert optional procedure*]

\_\_\_\_ (initial) no, I do not agree to [*insert optional procedure*]

*If recordings are not optional, add the following language:*

Recordings are required for participation. If you do not consent to the recordings described above, you cannot participate in this research.   
  
Please sign here to confirm that you agree to all recordings described above:

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

*Signature Date*

**6. Are there any consequences if you participate in this study?**

*[Describe the risks, including physical, social, financial, psychological, privacy or other, and possible discomforts in very simple terms]*

There is a chance that during the study you could feel uncomfortable, afraid, lonely, or sad. We will help you with these feelings and you can **stop** at any time if you want. If you are in the study you could experience any of the following:

• You could *[insert specifics, e.g., get a bruise]*.

• You may feel *[insert specifics]*.

• You may feel *[embarrassed/sad/uncomfortable]* by the questions we ask*.*

• Someone might be able to see the things you tell us but we will try our best to keep this a secret.

*[Insert other language as applicable]*

**7. Will you benefit from being in this study?**

You will not benefit from taking part in this study, but your participation may help people who have [*insert condition*] in the future.

*And/Or*

You will not benefit from taking part in this study, but your participation will contribute to our understanding of *[insert explanation for why you’re doing this research].*

*And/Or*

You may or may not receive personal [direct] benefit from taking part in this study. The possible benefits of taking part in this study include: [*insert specifics such as contributions to general knowledge*].

**8. What if you have questions?**

## You may call [*insert name of Principal Investigator or study contact*] at telephone # [*insert phone number*] or email *[insert email]* if you have any questions or concerns about this research study.

If you have any questions about your rights as a research participant, or if you have a concern about this study, you may contact the Institutional Review Board listed below.

Institutional Review Board

Teachers College, Columbia University

525 W. 120th ST

New York, NY 10027

Telephone: (212) 678-4105

IRB@tc.edu

Institutional Review Board

New York City Department of Education

52 Chambers Street, Room 310

New York, NY 10007

Telephone: (212) 374-3913

[MAzar@schools.nyc.gov](mailto:MAzar@schools.nyc.gov)

**9. What about your privacy?**

To protect you, the information collected in this study will not be shared with anyone unless required by law. *[Be sure this is accurate, e.g., if parents will have access, it should be so noted.]*

The researchers in this study will need to talk about you and the study *[Insert as relevant: with your parent/guardian and with other researchers]* but will not talk about you with anyone else except the people working on the study. If the researcher(s) need(s) to talk to anyone else about you he/she/they will ask you and your parent/guardian if it is okay to do so.

**10. What will it cost you to be in this study?**

There is *[choose one: some/no cost]* to you or your parents for being in this research study.

*Add one of the following statements:*

You will not get paid to participate in this study.

*[or]*

You will receive *[add amount of gift cards]* for your participation in this study.

**11. Do you have to be in this study?**

No, you do not have to be in this study. No one will be mad at you if you say **no**. You can also say yes now and change your mind later. Just tell the Researcher, teacher, or your parent/guardian that you want to stop.

If you say yes, you can ask as many questions as you want, at any time. No one else will know what you tell us *[insert as relevant:]* besides your parents/guardian.

Please talk this over with your parents before you decide if you want to be in the research study.

Your parents have said that it is ok with them if you are in the research study. You can still say **no** even if your parents said that it is ok with them if you are in this research study.

*For students*:Your participation or non-participation in this study will in no way affect your grades, your academic standing, or any other status.

***[This text box only applies if you will obtain the assent verbally, in which case the signature lines that appear later in the form should be deleted.***

***If you will obtain the child’s signature, the “Acknowledgment of verbal assent” text box should be deleted and the signature lines should be retained.]***

**Acknowledgment of verbal assent**

Print name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of parent(s)/guardian(s) present: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want to be in this study?

Child’s response: Yes No

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Signature of Person conducting the assent process Date

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

Print name of Person conducting the assent process

If you sign this paper, it means that you want to be in this study. **If you do not want to be in the study, do not sign this paper.**

**Signatures**

*[Omit signature lines that do not apply to your study. If the signature line remains, the expectation is that it will be used at the time of each enrollment.]*

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**Signature of Child** Date

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Print name of Child

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

**Signature of Person Obtaining Assent** Date

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

Print name of person obtaining Assent

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**Signature of Witness** Date

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Print name of witness

The signature of a witness is only required when obtaining assent from:

* a Non-English Speaking Research participant using the short form process, or
* a person who is physically not able to read, talk or write.