Assent Form

Western Michigan University
Department of: ______________________
Principal Investigator: _________________
Student Investigator: _________________

Project Title:

We are doing a research study. A research study is a special way to find out about something. We want to find out [purpose of study in simple language].

You can be in this study if you want to. If you want to be in this study, you will be asked to [Describe procedures simply, including how many contacts.]

We want to tell you about some things that might happen to you if you are in this study. [Describe risks – e.g., painful procedures, other discomforts, things that take a long time.]

If you decide to be in this study, some good things might happen to you. [Describe possible direct benefits.] But we don’t know for sure that these things will happen. We might also find out things that will help other children some day.

[For medical treatment studies only, please delete if this does not apply to your project:] If you don’t want to be in this study, we will tell you about the other things we can do for you.

When we are done with the study, we will write a report about what we found out. We won’t use your name in the report.

You don’t have to be in this study. You can say “no” and nothing bad will happen. If you say “yes” now, but you want to stop later, that’s okay too. No one will be mad at you, or punish you if you want to stop. All you have to do is tell us you want to stop.

If you have any questions or concerns about this study, you may call either [the researcher] at [phone number] or [the other researcher] at [phone number].

The stamped date and signature of the board chair in the upper right corner means this consent document is approved for use for one year by the Human Subjects Institutional Review Board. Do not participate if the stamped date is more than one year old.

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

I, ________________________________, want to be in this research study.
(write your name here)

________________________________________   _______________________
Investigator signature                        (Date)