**Assent Form**

# Western Michigan University

**[Type department name here]**

**Principal Investigator:** [Type name here]

**Student Investigator:** [Type name here if applicable]

**Title of Study:** [Type title of study here]

You are invited to participate in this research project titled "*[Type title of study here]*"

We are doing a research study. A research study is a 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 someday.

[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 get to decide if you want to take part. It is also OK to say yes and change your mind later. You can stop being in the research at any time. If you want to stop, please tell the researcher. 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 approval date of the Western Michigan University (WMU) in the lower right corner means this consent document is approved by the WMU IRB.

This consent document has been approved for use for one year by the Western Michigan University Institutional Review Board (WMU IRB), as indicated by the IRB approval date stamped in the lower right corner.

I, , want to be in this research study.

 (Write your name here)

Investigator signature Date