**Assent Template for Minors 12-16**

Project Title:

Principal Investigator:

Why am I here?

We want to tell you about a research study we are doing. Research studies are done to find better ways of helping and understanding people or to get information about how things work. In this study we want to find out more *[insert purpose of study in simple language]*. You are being asked to be in the study because you have/are *[insert why they qualify for the study]*. In a research study, only people who want to take part are allowed to do so.

**What will happen to me in this research study?**

If it is okay with you and you agree to join this study, you will be asked to

*[describe procedures, (e.g., interview, questionnaires, intervention) in words a child would know and understand. Also include number of visits and time frame in words easily understood by a child].*

**How long will I be in the research study?**

You will be in this study for *[state clearly the length of the study and how long the child’s participation will last].*

**Can anything bad happen to me?**

*[describe possible risks, e.g., discomforts and/or sad thoughts in simple language].*

Sometimes the questions we ask you might seem strange and make you feel uncomfortable/sad *[insert appropriate information about all potential risks in lay language for social/ behavioral studies].*  If anything hurts or you are uncomfortable with some of the questions, please let us know and we will stop or do whatever we can to make you feel better.

**Can anything good happen to me in this research study?**

We do not know if you will be helped by being in this project. However, we may learn something that will help other children *[with (insert) condition, educational practice or subject matter of stu*dy*]* in the future.

**Are there risks if I get pregnant?** *[For girls who are having menstrual periods]*

We do not know how the study drug (*or experimental treatment or study device as applicable*) will affect an unborn baby. There may be risks that we do not know about and cannot predict. If you are pregnant, or become pregnant while taking part in this study, you should tell the study doctor immediately. The study doctor will tell you if you can continue in the study.

**Do I have other choices?**

You do not have to be in this study *[insert information about other choices, treatment options, or state none are available to the child by listing them].*

**What if I do not want to be in this research study?**

You do not have to be part of this project. It is up to you. You can even say okay now, but change your mind later. All you have to do is tell us. No one will be mad at you if you change your mind.

**What about my confidentiality?**

We will do everything possible to make sure that your data and or records are kept confidential.

Unless required by law the following people can review your study records.They are required to keep your personal information confidential.

**Will I be paid for being in this research study?**

You will be paid *[if the child will be paid for their time and inconvenience, include this information. State clearly if compensation will be prorated]* for taking the time to be in this study.

**Do my parents know about this research study?**

This study has been explained to your parent/parents/guardian and they have given permission for you to be in it.

**What if I have questions?**

You can ask *[insert the PI’s contact information]* anything about the study, please call the Director in the Office Research Integrity at 336-256-1482 or 855-251-2351.

**Assent**

This study has been explained to me and I am willing to be in it.

Child’s Name (printed) and Signature Date

Check which applies below *[to be completed by the person obtaining the assent]*

[ ]  The child is capable of reading and understanding the assent form and has signed above as documentation of assent to take part in this study.

[ ]  The child is not capable of reading the assent form, but the information was verbally explained to him/her. The child signed above as documentation of assent to take part in this study.

Signature of Person Obtaining Assent Date