[INSTRUCTIONS: Use this template to assist with writing the assent form for 12-14 year olds. Delete any instructional text highlighted in gray. Revise or remove any language that is not applicable to your project.]

**Assent to Participate in a Research Study (12-14 year olds)**

**“Title of Study”**

Principal Investigator: Researcher X, Ph.D., Department of ----------, University of Michigan

Co-Investigator: Researcher Y, Ph.D., Department of ----------, University of Michigan

**Overview and purpose**

Study description. We are asking you to be part of a research study that plans to --------------------------------. We contacted your family because ----------------. We plan to ask ---- children between the ages of -- and -- to participate in our research. This study is funded by ----------------.

**Description of your involvement**

If you agree to be part of this study and at least one of your parents gives permission, you will [describe in simple terms]. The [interview, survey, activity] will take about ----- minutes. [We would like to audiotape the interview to make sure that our conversation is recorded accurately, but you can still be part of the study if you don’t want to be audiotaped.]

**Voluntary nature of the study**

Participating in this study is completely voluntary. Even if your parents say you can talk to us, you do not have to do so. Even if you say yes, you may change your mind and stop at any time. You may also choose to not answer a question for any reason.

**Benefits**

While you may not receive a direct benefit from participating, others may benefit from the knowledge obtained in this study.

**Risks and discomforts**

[Answering questions about, doing ---] ---------------- may be uncomfortable. You can choose not to [answer a question, do ---] or you may stop at any time. Just tell the interviewer you want to stop.

**Compensation**

You will be paid $--- for participating. If you decide to quit before the interview is over, you will be paid $----.

**Confidentiality**

We plan to publish the results of this study, but will not include any information that would identify you or your family members. [To keep your information safe, the audiotape of your interview will be placed in a locked file cabinet until a written word-for-word copy of the discussion has been created. As soon as this process is complete, the tapes will be destroyed.] The researchers will enter study data on a secure university server. To protect confidentiality, your real name and any family member’s name will not be used in the written copy of the discussion. The researchers plan to keep de-identified study data to use for future research about --------------.

There are some reasons why people other than the researchers may need to see information you provided as part of the study. This includes organizations responsible for making sure the research is done safely and properly, including the University of Michigan, government research offices, or the study sponsor \_\_\_\_\_\_\_\_\_\_.

[Include the following language if the project holds a Certificate of Confidentiality (CoC) from the National Institutes of Health (NIH):]

This research holds a Certificate of Confidentiality. This means no one can make us give your information to anyone else, even in a court or with police, unless we have your permission. But, there are some things that we must tell others about, like abuse.

[Any project that may reveal actual or suspected child abuse should include language notifying the child participant that the researchers may need to report it. The University of Michigan Minors in Research (MiR) policy requires all study team members (including university employees, students, and volunteers) who interact with minors participating as subjects in university-sponsored research to adhere to the policy, including reporting actual or suspected child abuse or neglect of any adult responsible for the child’s health and welfare. Additional information may be found [here](https://childrenoncampus.umich.edu/researchers/). In addition, Michigan law requires the reporting of actual or suspected child abuse or neglect by certain persons (called mandated reporters). Mandated reporters include physicians, nurses, therapists, and other medical professionals. A complete list may be found [here](http://michigan.gov/dhs/0%2C4562%2C7-124-7119_50648_44443-157836--%2C00.html). A study team may consist entirely of mandated reporters, a combination of mandated and non-mandated reporters, or entirely of non-mandated reporters. The following sentence should be inserted if actual or suspected child abuse may be revealed during this study:]

If you tell us or we learn something that makes us believe that you or others have been or may be abused or neglected, we may, and in some cases must, report that information to the appropriate agencies.

We may use or share your research information for future research studies. If we share your information with other researchers it will be de-identified, which means that it will not contain your name or other information that can directly identify you.

**Contact information**

**If you have questions about this research**:

Contact Researcher X, at [contact information].

**If you have questions about your rights as a research participant, or wish to obtain information, ask questions or discuss any concerns about this study with someone other than the researcher(s), please contact the following:**

University of Michigan

Health Sciences and Behavioral Sciences Institutional Review Board (IRB-HSBS)
2800 Plymouth Road
Building 520, Room 2144

Ann Arbor, MI 48109-2800
Telephone: 734-936-0933 or toll free (866) 936-0933 For International Studies, include the appropriate [calling codes](http://www.countrycodes.com/international-dialing-codes.php).
Fax: 734-936-1852

E-mail: irbhsbs@umich.edu

**Assent**

By signing this document, you are agreeing to be in the study. We will give you a copy of this document and will keep a copy in our study records. Be sure that we have answered your questions about the study and you understand what you are being asked to do. You may contact the researcher if you think of a question later.

*I agree to participate in this study.*

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

Signature Date

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

Printed Name

*I agree to have my interview audiotaped.*

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

Signature Date