**Assent Form – Ages 11 to 14**

Institutional Review Board | Ouachita Baptist University

*This form is distributed to subjects in approved IRB studies who are ages 11 to 14.*

|  |
| --- |
| **Please read this agreement carefully before you decide to take part in the study.** |
| **Project Title** |
|  |
| **Project Researcher** |
| My name is [provide your full name]. I [work or go to school at] Ouachita Baptist University. I am inviting you to participate in a research study about [state the topic of the study in simple language]. Your parent(s) know we are talking with you about the study. This form will tell you about the study to help you decide whether or not you want to take part in it.  |
| **What am I being asked to do?** |
| If you decide to be in the study, I will ask you to:[Explain where the activities will take place and how long each will last.][If you are going to audio or video record them while engaged in the study activities, mention it here and explain that you won’t record the child without their parent’s permission.] |
| **Can anything bad happen if I am in this study?** |
| I do not expect anything bad to happen, but sometimes [describe potential risks/inconveniences to the child, including that they may get tired, bored, anxious, etc. in language the child can understand. Explain what you will do to minimize those risks/inconveniences, such as taking a break.  |
| **What are the benefits to me for participating in the study?** |
| If you take part in this study, you might [explain the benefit(s) for the child in simple language, if applicable] [If there are no direct benefits to the child, use the following statement: “Taking part in this study may not have direct benefits to you, but it will help me learn (explain what the researcher will gain from this study in simple language.)”] |
| **Will anyone else know that I am in the study?** |
| If you decide to be in the study I will not tell anyone else how you respond or act as part of the study. Even if your parents or teachers ask, I will not tell them about what you say or do in the study. |

|  |
| --- |
| **Do I have to participate in the study?** |
| Your participation in the study is completely up to you. No one will get angry if you don’t want to do this. You may change your mind at any time if you decide you don’t want to be in the study anymore. |
|  |
| **Questions?**If you have questions about the study, you can ask me now or anytime during the study. You can also call or email me later. You can also contact the IRB Office. |
| For questions and concerns about the study, contact:[Name], Principle Researcher[Department or Program]Ouachita Baptist UniversityOBU Box [nnnn]410 Ouachita StreetArkadelphia, Arkansas 71998-0001[email address][phone number][Name], Faculty Sponsor[office phone number] | For questions regarding your rights in this study, contact:Dr. Lewis A. Shepherd, Jr., ChairInstitutional Review Boardshepherdl@obu.eduOuachita Baptist UniversityOBU Box 3790410 Ouachita StreetArkadelphia, Arkansas 71998-0001(870) 245-5302 |
|  |
| **Agreement** |
| Signing below means that you have read this form and that you are willing to be in this study. |
| **Printed Name of Participant** |  |
| **Signature of Participant** |  |
| **Date** |  |

*Your parent will receive a copy of this completed form.*