**Goshen College Assent to Participate in Research**

**(Insert: Title of Study – Must match title of Protocol)**

We are doing a research study. A research study is a special way to learn about something. We are doing this research study because we are trying to find out more about **(insert simple description of the purpose of the study).** We would like to ask you to be in this research study.

**Why am I being asked to be in this research study?**

You are being asked to be in this research study because **(insert simple language explaining why the child/adolescent/cognitively impaired individual is being asked to participate).**

**What will happen during this research study?**

We want to tell you about some things that might happen if you are in the study. This study will take place at **(insert name of study site(s))**. We think it will last for **(indicate expected duration of participation).**

If you want to be in this study, here are the things that we will ask you to do. **(Describe the study procedures in simple language. Lists are often very helpful.)**

**Are there any bad things that might happen during the research study?**

Sometimes bad things happen to people who are in research studies. These bad things are called “risks.” The risks of being in this study might be **(insert simple description of possible risks of participation).**

Not all of these things may happen to you. None of them may happen. Things may happen that the doctors (**or researchers)** don’t know about yet. If they do, we will make sure that you get help to deal with anything bad that might happen.

**Are there any good things that might happen during the research study?**

Sometimes good things happen to people who are in research studies. These good things are called “benefits.” The benefits of being in this study might be **(insert simple description of possible benefits to participation).**

We don’t know for sure if you will have any benefits. **If applicable:** We hope to learn something that will help other people some day.

**Will I get money or payment for being in this research study?**

You will not get any money for being in this research study.

**(OR)**

You will get money **(or a gift certificate, etc.)** for being in this research study. You will get **(insert terms of compensation in simple language).**

**Who can I ask if I have any questions?**

If you have any questions about this study, you can ask your parents or guardians or your doctor **(or the researcher)**. Also, if you have any questions that you didn’t think of now, you can ask later. **(Provide simple directions about how to do this, i.e., call the doctor at 555-1234 or ask the researcher the next time you see him or her.)**

**What if I don’t want to be in the study?**

If you don’t want to be in this study, you don’t have to. It’s up to you. If you say you want to be in it and then change your mind, that’s OK. All you have to do is tell us that you don’t want to be in it anymore. No one will be mad at you or upset with you if you don’t want to be in it.

**My choice:**

If I write my name on the line below, it means that I agree to be in this research study.

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Subject’s Signature Date

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Subject’s Name

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Signature of person obtaining assent Date

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Name of person obtaining assent

*For GC IRB Use ONLY*

**IRB Approval Date:**

**Continuing Review Date:**