Sample assent form for minors.  Change details to fit your project and procedures.  Guardian/parent will receive a consent form giving consent for their child.

***Title of Study***

**Minor Assent Form**

I am a student at Kalamazoo College in Kalamazoo, MI, and am doing a research study about ***purpose in simple language***.  A research study is a way to learn more about people. If you decide that you want to be part of this study, you will be asked to ***description, including time involved.***

There are some things about this study you should know.  These are ***procedures, things that take a long time, other risks, discomforts, etc.***

*[if you use interviews]*I also plan to quote and present parts of my interviews within my senior thesis and in an oral presentation at Kalamazoo College, but I won’t use your real name.

What you will gain or lose in this study: ***Describe any costs or benefits. One example below is for a study where there is no substantial cost/benefit:***

*There is nothing you will gain or lose from this study other than the time you take to help us. The game is meant to help you learn how computers work. Your participation will help us to better understand how to teach computers and programming to kids.*

If you do not want to be in this research study, we will tell you what other kinds of treatments there are for you. ***This statement applies to research projects that offer treatment or intervention.***

When we are finished with this study we will write a report about what was learned.  This report will not include your name or that you were in the study.

You do not have to be in this study if you do not want to be.  If you decide to stop after we begin, that’s okay too.  Your parents know about the study too.

If you have questions, you can talk to the person in charge of the study ***your name***. If after the study is over and you still have questions or concerns about the study, you can talk to your parents, and they will either answer your questions or to get answers for you from:

Buzz Hornet Faculty advisor: Professor Name

buzz.hornet@kzoo.edu  firstname.lastname@kzoo.edu

If you decide you want to be in this study, please sign your name.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), want to be in this research study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_              \_\_\_\_\_\_
               (Sign your name here)                                   (Date)

***Parts in red Italics should be modified for your specific project.  Other parts may need to be modified as well depending on your research methods.***