THE CITY UNIVERSITY OF NEW YORK  
<insert name of PI's Affiliated CUNY College>  
<insert name of PI's Department>

CHILD ASSENT (AGES 7-12) TO PARTICIPATE IN A RESEARCH STUDY

Title of Research Study:  <enter title of study here>

Principal Investigator:  <enter name and degree(s) of PI here>  
<enter CUNY title of PI here>

1. My name is <identify yourself to the child by name>.

2. We are asking you to take part in a research study because we are trying to learn more about <describe what the study is about in language that is both appropriate to the child’s maturity and age>.

3. If you agree to be in this study <describe what will take place from the child's point of view in language that is both appropriate to the child's maturity and age>.

4. <Describe any risks or discomforts the child may experience due to participation in the research>.

5. <Describe any benefits to the child from participation in the research and/or the reason why one might or might not want participate>.

6. You can talk this over with your parents before you decide whether or not to participate. We will also ask your parents to give their permission for you to take part in this study. But even if your parents say “yes” you can still decide not to do this.

7. If you don’t want to be in this study, you don’t have to participate. Remember, being in this study is up to you and no one will be upset if you don’t want to participate or even if you change your mind later and want to stop.

8. You can ask any questions that you have about the study. If you think of a question later, you can call me at <insert your telephone number> or ask me next time.

9. Signing your name at the bottom means that you agree to be in this study. You and your parents will be given a copy of this form after you have signed it.

If you want to participate in this research, you can write your name or draw an X on the line below:  

[Signature Line]