# Florida State University

**CHILD ASSENT TO PARTICIPATE IN A RESEARCH STUDY**
**[*Insert Title of Study*]**

#### Why are you doing this study?

You are being asked to participate voluntarily in a research study to help us learn about *[insert the purpose of the study]*.

#### How many other children will be involved?

If you decide to participate you will be one of *[insert the total number of subjects]* children in this research.

#### How long the study will last?

Your participation will require *[insert the number of hours, days, weeks, months, etc.]*.

#### What will happen during the study?

If you participate in this study you will do the following things: *[Explain tasks and procedures: subjects should be told about video or audio taping, assignment to study groups, frequency of procedures, and if any procedures are experimental]*.

#### Will anything bad happen to me?

The scanner table is a narrow tube and is also very noisy. Some people get uncomfortable in a small space or with loud noises. We have a pretend scanner that you will lay in and also listen to the noises that you will hear in the real scanner to see if it bothers you. We will give you earplugs to wear so the noise won’t hurt your ears. If there is a chance that you could be pregnant, you should not participate in this study.

Anytime that you want to stop or get out of the scanner, you can let us know by squeezing a button.

*[Explain any additional risk: include physical, psychological, societal or economic risks and their likelihood. If there are no risks, please state that here]*.

#### Can anything good happen to me?

The following benefits may be associated with your participation in this study: *[List benefits to subjects or society. If there are no benefits, state that here]*.

#### Compensation and Cost

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#### Will anyone know that I am in this study?

The records in this study will be kept private and will be protected by the researchers. *[Explain any additional confidentiality procedures here]*.

#### Will I be given anything for participating?

 [Include payment or reimbursement information. If there is no compensation provided, state that here].

**What if I do not want to do this?**

No one will get mad at you if you don’t want to participate in this study. You can try it and if you don’t like it, you can quit anytime.

**Who can I talk to about this study?**

If you have any questions about the study, you can talk to [insert name of principal investigator or study coordinator and their contact information]. If you want to talk to someone about your rights of being a participant in this study, you may contact the FSU Human Subjects Office by phone at (850) 644-7900.

#### Agreement to participate in the Research Study

This research study has been explained to me and I agree to be in this study.

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Signature of Child Participant Date

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Printed name of Child

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Signature of Person Obtaining Consent Date