**Model Minor Informed Assent Agreement 13-17**

**Please read this assent agreement with your parent(s) or guardian(s) before you decide to participate in the study. Your parent or guardian will also give permission to let you participate in the study.**

We want to learn about how… Describe the purpose of your study.

As part of our study, we would like to ask you to…Describe what the participant will do in the study.Be specific, but make sure that your description is written to the reading comprehension level of the minor. You may want to consider listing the tasks in a bulleted or numbered list. If the minor will be photographed, audio taped, or video taped, include a description in this section. If your study involves deception, please give as much information as possible without using statements that are part of an experimental deception in the consent form. If your study involves an interview or a survey, inform the minor that they can skip any question that makes them uncomfortable and they can stop the interview/survey at any time. If the study involves the minor’s class or instructional time, inform the minor if they will miss any instructional time and what the minor will do if they don’t participate in the study.

Include the amount of time that is required for each task, session, experiment (as outlined in the section above) and the total time for all sessions. You may want to consider grouping this question with the section above so that it is clearer. For example, “You will answer some math questions and it will take about 10 minutes. The entire study will take 30 minutes.”

If you participate in the study, you may be uncomfortable if…Describe the risks and what you will do to minimize the risks, as described in the protocol. If a risk is stated in the protocol, then it must be addressed in the assent form, but do so in a way that will be understood by the minor. Consider explaining the risk using an example that the minor can relate to. If there are no risks to minor, then state: We don’t think that there are any risks to you in this study.

If you participate in this study, there won’t be any benefit to you. … Please limit your benefit section to one or two sentences. Please do not overstate the benefits or include payment or credit in the benefit section.

**Confidentiality:** Use this section to describe how you will keep the participant’s data private and confidential. This could include a brief statement about how you will collect their data, store it, and use it in your study.

The following text can be used as a model for the more common data collection scenarios:

(Collecting Identifying Information)The information that you give to us during this study will be kept private. Your name will not be used, and the list linking the code name assigned to your real name will be destroyed after all the data is collected no one who reads about our study will know it was you. We keep things locked up so that only our researchers see them. If you are using an audio tape, video tape, or photograph in the study, describe when their materials will be destroyed.

(Anonymous Data)The information that you give to us will not have your name on it, so we won’t know what answers you give us. If it is possible to deduce the participant’s identity, state the following:However, it may be possible for us to figure out who you are because of your answers, but we won’t try to do so.

In some cases it may not be possible to guarantee confidentiality (e.g. a focus group interview). Please use the following text if you cannot guarantee confidentiality: Because you are in a focus group (modify to the study), we can’t guarantee that your information will be kept private. It may be possible that others will know what you said. Please note that in some cases if confidentiality cannot be guaranteed, it may be a risk to the participant and should be explained in the “Risks” section as well.

You don’t have to participate in this study.

If the study involves a classroom setting state that the child’s grades will not be affected by the study. If the study is in a clinical setting, state that the study will not affect the child’s care.

You can stop doing the study at any time. If payment or course credit is being offered, include the following phrase: You can still have the item if you stop the study. If you are using an audio or video tape, please state that the participant’s tape will be destroyed should they decide to withdraw.

Please modify this section so that it accurately describes how to withdraw from the study while it is being conducted and how to withdraw after it is completed, where appropriate.

If you want to stop doing the study, tell researcher’s name. If you choose to stop before we are finished, any answers you already gave will be destroyed. There is no penalty for stopping. If you decide that you don’t want your materials in the study but you already turned them in, contact researcher’s name. If deception is included in the study, let the minor know that they will be debriefed if they withdraw from the study and that their data will be destroyed.

You won’t receive any money if you do the study. If payment is being offered, describe it here. If the payment involves a lottery or drawing, describe the odds of winning the payment.

**If you have questions about the study, contact:**

Researcher's Name If there are multiple PIs, list contact information for each person.

Department, Address

University of Virginia, Charlottesville, VA 22903.

Telephone: (434)…

Faculty Advisor’s Name Include this information for student or staff research projects.

Department, Address

University of Virginia, Charlottesville, VA 22903.

Telephone: (434)…

**To obtain more information about the study, ask questions about the research procedures, express concerns about your participation, or report illness, injury or other problems, please contact:**

Tonya R. Moon, Ph.D.,

Chair, Institutional Review Board for the Social and Behavioral Sciences

One Morton Dr Suite 500

University of Virginia, P.O. Box 800392

Charlottesville, VA 22908-0392

Telephone: (434) 924-5999

Email: irbsbshelp@virginia.edu

Website: <https://research.virginia.edu/irb-sbs>

Website for Participants: <https://research.virginia.edu/research-participants>

UVA IRB-SBS # Please include iProtocol number HERE!

**Agreement:**

I agree to participate in the research study described above.

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You will receive a copy of this form for your records.**