# Appendix E

**Plymouth State University Institutional Review Board**

# Plymouth State University Assent Form Application approval date:

**Study Title:**

1. **What will happen to me in this study? Description of the study**:

Explain the reason for the research.

Describe what the child will be expected to do.

Describe all procedures using simple terms and explain any technical terms.

# Can anything bad happen to me? Risks or Discomforts of Participating:

Explain any possible risks to the child, using simple terms.

If something might be painful, state this in the assent.

Explain that the child should inform his/her parents if they are uncomfortable with the study

# Can anything good happen to me? Benefits of Participating:

Only describe known benefits to the child.

You may include any possible future benefits to others. If there are no known benefits, state so.

# Do I have other choices? Appropriate Alternatives:

Describe any alternative procedures that might be available to the child other than this study.

***If none***, this section can be omitted.

# Will anyone know I am in the study? Confidentiality:

Explain in simple terms that the child’s participation in the study will be kept secret, but

information about him/her will be given to xy and z.

***Note***: This information may not be applicable in assent forms for very young children.

# What happens if I get hurt?

**Compensation for Participation/Medical Treatment:**

Describe that the child’s parents/legal guardians have been given information on what to do if the child is injured during the study.

# Who can I talk to about the study? Contact Information:

List people the child can contact if he/she has any questions or problems related to the study: If you have any questions about the study or any problems to do with the study you can contact the Protocol Director (name of Protocol Director). You can call him/her at (Protocol Director’s phone number). You can also call (name) at (phone number).

If you have questions about the study but want to talk to someone else who is not a part of the

study, you can call the Plymouth State University Institutional Review Board (IRB) at (603)-

535-2915 (Valid until July 1, 2024).

# What if I do not want to do this? Voluntary Participation:

**LET THE CHILD KNOW THAT THEY CAN STOP BEING IN THE STUDY AT ANY TIME WITHOUT GETTING IN TROUBLE.**

**SIGNATURE**

If you agree to be in this study, please sign below.

Click or tap here to enter text.

Signature of Child Date

Printed name of Child