**Model Minor Informed Assent Agreement 7-12**

**Please read this paper with your Parent or Guardian.**

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 child will do in the study.Be specific, but make sure that your description is written to the reading comprehension level of the child. You may want to consider listing the tasks in a bulleted or numbered list. If the minor will be photographed, or audio/video recorded, 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.

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.”

Risks/Benefits: Being in this study will bring you no harm. On the other hand, it won’t help you in any way. It will hopefully help us know more about children. In terms that can be understood by this age group, describe the risks and what you will do to minimize the risks. Consider explaining the risk using an example that the minor can relate to. 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) Your answers to our questions and behaviors (modify for study) during this study will be kept private. Your name will not be used, and no one who reads about our study will know it was you. We keep things locked up so only trained laboratory workers (modify for study) see them.

(Anonymous Data) Your answers to our questions and behaviors (modify for study) during this study will not have your name on it, so we won’t know what answers you give. 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/video recording(s) of the participant, please state that the participant’s recording 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. Provide a contact person that the child won’t be intimidated to talk to if they don’t want to be in the study.

If you want to stop doing the study, tell contact person’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 contact person’s name.

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.

What will happen to your information after the study. Describe what will happen to the minor’s data collected for this study after this study is over including future use of de-identified data

**Please contact the researchers on the study team listed below to:**

* **Obtain more information or ask a question about the study.**
* **Report an illness, injury, or other problem.**
* **Leave the study before it is finished.**

Principal Investigator's Name (If there is another study team member that should be listed as the contact person, please list contact information for both the PI and the contact person).  
Department, UVA Address (no home addresses!)  
University of Virginia, Charlottesville, VA 22903.   
Telephone: (434)…  
UVA Email address

Faculty Advisor’s Name (Include this information for student or staff research projects).  
Department, UVA Address  
University of Virginia, Charlottesville, VA 22903.   
Telephone: (434)…  
UVA Email address

**You may also report a concern about a study or ask questions about your rights as a research subject by contacting the Institutional Review Board listed below.**

Tonya R. Moon, Ph.D.,

Chair, Institutional Review Board for the Social and Behavioral Sciences

University of Virginia, P.O. Box 800392

Charlottesville, VA 22908-0392

Telephone: (434) 924-5999

Email: irbsbshelp@virginia.edu

Website: https://hrpp.research.virginia.edu/teams/irb-sbs

Website for Participants: <https://hrpp.research.virginia.edu/about/information-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.**