**Instructions:**

* An assent script is typically used with young children or with individuals who are developmentally delayed or affected in a way that they are unable to read or comprehend the standard written consent. A full consent will be signed by the parent or the LAR.
* Use language suitable to the age, maturity, and psychological state of the participant.
* Use visuals whenever appropriate to help their understanding.
* Children or individuals who might be developmentally delayed are often confused by the “we” in the consent template. Unless there are a number of people involved in obtaining assent, use the pronoun “I,” not ‘we.’

## Refer to HRP-013 Legally Authorized Representatives, Children, and Guardians, HRP-090 Informed Consent Process for Research, and HRP-091 Written Documentation of Consent in the [HRPP Toolkit Library](http://research.umn.edu/irb/toolkit.html).

## For additional resources on drafting a consent form, consider the following:

## Medical terms, procedures, and conditions for [younger children](http://kidshealth.org/en/kids) and [teenagers](http://kidshealth.org/en/teens)

## [Plain Language Thesaurus for Health Communications](http://www.plainlanguage.gov/populartopics/health_literacy/Thesaurus_V-10.doc)

## [Clear Language and Design](http://clad.tccld.org/wp-content/uploads/2014/12/CLAD-Thesaurus.pdf)

## [MN Health Literacy](http://healthliteracymn.org/)

## [Readability calculator](http://www.online-utility.org/english/readability_test_and_improve.jsp) (use Flesch-Kincaid score)

## Remove help text and instructions before submitting the assent form draft to the IRB.

##

**ASSENT SCRIPT**

**Project Title:** [insert title]

**Principal Investigator:** [name of principal investigator]

**Supported by:** [sponsor]

Hi my name is [your name]. If you have any questions about what I am telling you, you can ask me at any time.

I want to tell you about a research study we are doing. In this study, we want to find out more about how [purpose of the study in language understandable to the child].

You are being asked to be in this because you are [describe why they are being asked].

If it is okay with you, I will ask you to [describe what they will be asked to do as part of the study, you may use when appropriate, pictures or videos to help the child understand]. This will take about [describe how long their participation will take.].

If you get too tired, scared, or if this seems too hard just let me know. If you want to stop at any time, just tell me and we will stop.

You do not have to be in this study. It is totally up to you. You can say yes now and still change your mind later. All you have to do is tell me. No one will be mad at you if you change your mind.

Your parents/people taking care of you say it is okay for you to be in this study. If you have questions for me or for your parents/people who care for you you can ask them now or later.

[Include any questions you would like to ask of the child to check their understanding of the study.]

*End of verbal script.*

**To be completed by person obtaining verbal assent from the participant:**

**Child’s/Participant’s response:** ☐Yes  ☐No

**Check which applies below:**

☐The child/participant is capable of understanding the study

☐The child/participant is not capable of understanding the study

Child’s/Participant’s Name (printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed) and Signature of Person Obtaining Consent Date