Example

**Salisbury University Assent**

Hello. My name is Jane Smith. I am currently doing research focusing on children/student’s experiences with attending reading camps. You are being asked to participate because you have attended one of the recent reading camps at Salisbury University. Your feedback will help us understand how children/students improved their reading while participating in our camp.

To be part of this research, I will be asking you 20 questions about the activities you participated in at camp. We will talk about the reading activities and about what you learned this week. It will take approximately 20 minutes of your time.

Participating in the study and answering the questions is up to you. You will also have the option to skip any question. All you will have to do is say “pass, skip, or next question” and we will move on to the next question. It is also okay if you decide to quit participating in the study. All you will have to do is let me know. You can simply say “I’m done.”

Your parent(s)/people taking care of you have said it is okay for you to be in the study. You can ask me or your parent(s)/people taking care of you questions now or later. You do not have to be in this study. It is up to you. You can also say yes now and still change your mind.

Do you have any questions? Are you willing to take part in the study and answer the questions related to your experience here at camp?

To be completed by the person obtaining assent:

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

[ ]  The child’s parent or participants Legally Authorized Representative] has already signed a consent document.

Child’s/Participant’s Name (printed)

[If appropriate, out of respect for the person, invite the participant to sign the form if they want to.]

Child’s/Participant’s Name (signature)

\_\_\_\_\_Jane Smith, Phd\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed) and Signature of Person Obtaining Consent Date