*(This is a sample informed assent template for minors, defined as individuals under the age of 18. Red italicized text indicates where you may add information about your proposed research. Be sure to use simple, non-technical language at reading level that is appropriate for your potential participants. Once you have replaced the red text with information about your study, please delete these instructions and change your additions to black non-italicized text. Additional information on assent requirements for minors is available in a list of FAQs from the Office for Human Research Protections (OHRP) here:* [*https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html*](https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html)*.)*

**What is the name of this study?**

*(Provide the name of the study here.)*

**Who is doing this study?**

*(Provide the name(s) and affiliation(s) of the researcher(s) here.)*

**Why are we asking you to be in this study?**

You are being asked to be in this research because *(include an explanation here)*.

**If you agree to be in the study, what will happen?**

If you are in this study, *(include a clear description here, including the steps and about how long it will take)*.

**Do you have to be in this study?**

You do not have to be in this study. If you want to be in the study, then you can tell the researchers. If you don’t want to, you can tell the researcher that, too. It is okay if you don’t want to be in the research study. You can say yes now and then change your mind later. It is your choice.

**Do you have any questions?**

You can ask questions whenever you want. You can ask now, or you can ask later. You can talk to the researcher. If you do not understand something, please ask the researcher to explain it to you.

You may also contact *(type the researcher’s name)* at *(add contact information here)*. *(If the researcher is a student, explain that the participant can also contact the researcher’s teacher and provide the relevant contact information.)*

**Signing your name below means that you want to be in the study.**

Signature:Date: