**Guidelines and Templates for Assent**

While minors are not legally capable of giving consent, it remains imperative to offer them the choice to accept or reject participation in your study. This process is referred to as 'assent.' It is essential that minors comprehend fully what their participation involves and, to the greatest extent feasible, the reasons behind it. The language used, whether conveyed through reading or verbal explanation, should be comprehensible and suited to their stage of development.

**Assent for Minors (ages 7-12)**

Hello, my name is [name], and my role is [affiliation]. I want to talk to you about a research project I'm conducting. Research is a method to gain more understanding about certain subjects. My goal is to learn more about [topic and purpose].

Should you choose to participate in this study, I will ask you to [detail all tasks, their length, and if they will be documented].

We anticipate no issues arising from this study, but there is a chance you might experience [outline potential risks or discomforts]. Your identity and personal information will not be included in the research.

**Choose one of the following statements:**

It's uncertain if participating in this study will benefit you directly, however, we might discover information that could aid other children with [topic] in the future.

We anticipate that the study might be beneficial for you by [explain how], and it's possible we'll gain insights that can help other children with [topic] eventually.

This study will enhance our understanding of [topic].

Your [mom/dad] has given approval for you to participate in my research, but it's entirely your decision. You're free to agree now and retract your decision later. You can also decide to stop participating at any stage of the study. Just inform us if you wish to withdraw. No one will be upset with you, and there will be no negative consequences.

Do you have any questions? Remember, you can ask as many questions as you like during the course of the study.

**Choose one of the following based on the child's age or ability:**

If you decide to participate in the study, please sign your name here:

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Child’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternatively,

Are you interested in participating in this study?

NO

YES

Should you or your parents have any inquiries, you can contact the Beyond Bound IRB at info@beyondbound.org.

**Assent for Adolescents (ages 13-17)**

Hello, my name is [name], and my role is [affiliation]. I'm inviting you to be part of a research study I'm conducting. The purpose of this study is to explore [explain the study's goal in terms suitable for young people].

Should you decide to participate, I will need you to [list all activities, how long they will last, and if they will be recorded].

While we do not anticipate any issues arising from your participation, there could be [list any potential risks or discomforts]. Your identity and personal details will remain confidential in this study.

Please select one of the following options for your form:

* It's uncertain whether this study will benefit you directly, yet we might gain insights that could assist others with [topic] in the future.
* It is hoped that participating in this study will provide you benefits by [detail how], and potentially offer information that could aid others with [topic] in the future.
* Through this study, we aim to deepen our understanding of [topic].

Your parents have consented to your participation in this study, contingent upon your willingness. The decision is yours to make. You are free to consent now and withdraw later. Additionally, you can commence the study and decide to discontinue at any point. Simply inform us if you choose to stop. There will be no displeasure directed towards you, and you will not face any repercussions.

Do you have any queries? You are welcome to pose as many questions as you need throughout the study. If you decide to participate, kindly sign your name below.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should you or your parents have any inquiries, you can contact the Beyond Bound IRB at info@beyondbound.org.