

Institute for Clinical Social Work
ASSENT TO PARTICIPATE IN RESEARCH
[Insert Study Title]

1. My name is [identify yourself to the child by name].
2. We are asking you to take part in a research study because we are trying to learn more about [outline what the study is about in language that is both appropriate to the child's maturity and age].
3. If you agree to be in this study [describe what will take place from the child's point of view in language that is both appropriate to the child's maturity and age].
4. [Describe any risks to the child that may result from participation in the research.]
5. [Describe any benefits to the child from participation in the research.]
6. Please talk this over with your parents before you decide whether or not to participate. We will also ask your parents to give their permission for you to take part in this study. [The following statement will not be applicable in therapeutic protocols.] But even if your parents say "yes" you can still decide not to do this.
7. If you don't want to be in this study, you don't have to participate. Remember, being in this study is up to you and no one will be upset if you don't want to participate or even if you change your mind later and want to stop.
8. You can ask any questions that you have about the study. If you have a question later that you didn't think of now, you can call me [insert your telephone number] or ask me next time. [If applicable: You may call me at any time to ask questions about your disease or treatment.]
9. Signing your name at the bottom means that you agree to be in this study. You and your parents will be given a copy of this form after you have signed it.

Subject Assurances

The following is the format that should be followed in creating assurances:

If I have any questions about the research methods, I can contact _____
(Principle Researcher) or (Dissertation Chair/Sponsoring Faculty), at this phone number
_____.

If I have any questions about my child's rights as a research subject, I may contact Dr.
John Ridings, Chair of Institutional Review Board; ICSW; At Robert Morris Center, 401
South State Street; Suite 822, Chicago, IL 60605; irbchair@icsw.edu.

Name of Subject Date

Signature Age Grade in School

I certify that I have explained the research to _____(Name of
child) and believe that they understand the study and have agreed to participate freely. I
agree to answer any additional questions when they arise during the research or afterward.

Signature of Researcher Date