



**ASSENT FORM: CHILD PARTICIPANT (AGES 7 THROUGH 12)**

**{Use language appropriate for the age of intended subjects}**

You are being asked to help in a research project called (title) [Click or tap here to enter text.](#) and the project is part of my [Click or tap here to enter text.](#) at the University of Houston-Clear Lake. The purpose of this study is to [Click or tap here to enter text.](#) You will be asked to [Click or tap here to enter text.](#) Your help will be needed for [Click or tap here to enter text.](#)

You do not have to help if you do not want, and you may stop at any time even after you have started, and it will be okay. You can just let the researcher know if you want to stop or if you have questions. If you do want to do the project, it will help us a lot.

Please keep the upper part of this page for your information. Thank you for your assistance.

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**Title of Study:** [Click or tap here to enter text.](#)

**Student Researcher:** [Click or tap here to enter text.](#)

**Faculty Sponsor:** [Click or tap here to enter text.](#)

**Yes, I agree to (allow my child to) participate in the study on (title)** [Click or tap here to enter text.](#)

**No, I do not wish to (allow my child to) participate in the study on (title)** [Click or tap here to enter text.](#)

**Printed Name of Assenting Child:** [Click or tap here to enter text.](#)

**Signature of Assenting Child:** [Click or tap here to enter text.](#)

**Date:** [Click or tap here to enter text.](#)

**Printed Name of Parent or Guardian:** [Click or tap here to enter text.](#)

**Signature of Parent or Guardian:** [Click or tap here to enter text.](#)

**Date:** [Click or tap here to enter text.](#)

**Printed Name of Witness to Child’s Assent:** [Click or tap here to enter text.](#)

**Signature of Witness to Child’s Assent:** [Click or tap here to enter text.](#)

**Date:** [Click or tap here to enter text.](#)

THE UNIVERSITY OF HOUSTON-CLEAR LAKE (UHCL) INSTITUTIONAL REVIEW BOARD (IRB) HAS REVIEWED AND APPROVED THIS PROJECT. ANY QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH SUBJECT MAY BE ADDRESSED TO THE UHCL IRB (281-283-3015). ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT UHCL ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT.

(FEDERALWIDE ASSURANCE # FWA00004068)