Appendix

Assent for Minor to Participate in a Study

Your parents have allowed me to talk to you about a project that I am working on with a couple of other people. The project is on ***(insert focus of project)***.  I am going to spend a few minutes telling you about our project, and then I am going to ask you if you are interested in taking part in the project.

**Who are we?**

My name is ***(insert researcher’s name)*** and I am a (Doctor/Professor/Student) at the McMaster University.  I work in the Department of ***(insert name of department)***.

**Why are we meeting with you?**

We want to tell you about a study that involves children like yourself. We want to see if you would like to be in this study too.

**Why are we doing this study?**

We want to find out (insert what your study is about here in plain language).

**What will happen to you if you are in the study?**

If you decide to take part in this study there are some different things we will ask you to do. First, (insert the first thing here). Second, I will ask you to (insert details here ).  Third, I will ask you to (insert details here).Lastly, I will ask you to (insert details here).  While doing these things all you have to do is try your best.  If you have tried your best and do not know what to say or do next, you can guess or say ‘I do not know’.   It will take you about (insert time range here 00 to 00 minutes to do these things.

**Are there good things and bad things about the study?**

What we find in this study will be used to (insert details here).   As far as we know, being in this study will not hurt you and it will not make you feel bad.

**Will you have to answer all questions and do everything you are asked to do?**

If we ask you questions that you do not want to answer then tell us you do not want to answers those questions.  If we ask you to do things you do not want to do then tell us that you do not want to do them.

**Who will know that you are in the study?**

The things you say and any information we write about you will not have your name with it, so no one will know they are your answers or the things that you did.

The researchers will not let anyone other than themselves see your answers or any other information about you.  Your teachers, principal, and parents will never see the answers you gave or the information we wrote about you.

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

You do not have to be in the study.  No one will get angry or upset with you if you don’t want to do this.  Just tell us if you don’t want to be in the study.  And remember, if you decide to be in the study but later you change your mind, then you can tell us you do not want to be in the study anymore.

**Do you have any questions?**

You can ask questions at any time.  You can ask now or you can ask later. You can talk to me or you can talk to someone else at any time during the study.  His/Her are the telephone numbers to reach us.

(Investigator’s Name)                                           (Department) (Phone number)

IF YOU WANT TO BE IN THE STUDY, SIGN YOUR NAME ON THE LINE BELOW:

Child’s name, printed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Doctor/Professor/Student:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_