

**SAMPLE 9 TO 13 YEARS CHILD ASSENT FORM**  
**Assent is only obtained after the parent has consented.**  
(TITLE of STUDY)

My name is (YOUR NAME) and I am a (YOUR ROLE) at Humboldt State University. I am interested in (SIMPLE DESCRIPTION OF STUDY OBJECTIVE). I would like you to (SIMPLE DESCRIPTION OF ACTIVITY CHILD WILL BE DOING AND FOR HOW LONG).

Your participation is voluntary. You don't have to participate. Your grade will not be affected either way. If you want to rest, or stop completely, just tell me. If you have any questions, just let me know and I will try to answer them.

If you do want to try it, please sign your name on the line below. Your parent(s) have already told us that it is alright with them if you want to (DO XYZ). Remember, you don't have to, and once you start you can rest or stop whenever you like.

Thank you,

\_\_\_\_\_ (RESEARCHER'S NAME)

Student's Signature

Date

\_\_\_\_\_

\_\_\_\_\_