1. If embarrassment is a possibility, assent should be sought in private from each child. This must be described in your protocol application.
2. It is acceptable to add this sample text and a signature line to the parental permission form, for children to sign if they are interested in participating - OR - you may upload this as a separate form for children to sign.

My name is [provide your full name]. I [work or go to school] at University of Northern Iowa. I am inviting you to participate in a research study about [the topic of the study in simple language].

Your legal guardian(s) or parents know we are talking with you about this study. This form will tell you about the study to help you decide whether or not you want to take part in it.

I would like to ask you to [describe study procedures, such as take a survey about your study habits, and how much time or effort is involved, if any]. You can skip any part or question if it makes you uncomfortable.

If the study involves normal educational activities that will occur regardless of the research, identify which activities are required for everyone (usual activities) and which are voluntary research activities. If the study only involves asking the child’s permission to use data from the usual activities, make that clear.

I do not expect anything bad to happen to you but some kids [describe potential risks/inconveniences to the child, including but not limited to fatigue, boredom, anxiety, etc. in simple language. Explain what you will do to minimize or handle those risks/inconveniences. For example: “If you become tired, let me know. We will take a short break.”]

I will be very careful to keep your answers or results as private as possible. [Describe any exceptions there may be to complete confidentiality. If applicable, add: “Even if your parents or teachers ask, I will not tell them about what you say or do in the study.”]

The grouped results of this study may be used in online or paper reports, presentations, or publications, but your name and identity will not be shared. [Additionally, explain where the data and any recordings will be stored (e.g. locked cabinets, password protected computer), who will have access to them (e.g. the researcher, research team), how long the data will be retained (e.g. up to 5 years after the project is completed), and if data may be used in future research.]

You do not have to participate in this study. It is up to you. You can say no now or even change your mind later. No one will be upset with you if you decide you do not want to be in the study. Your [grade/treatment/care, include as appropriate] will not be affected in any way.

If you have questions about the study, you can contact me at XXXXXXXXXX. [Include faculty advisor contact, if applicable.] You can also call the IRB (Research) Administrator at UNI at 319-273-6148 or email rsp@uni.gov.

Signing below means that you have read this form and that you are willing to be in this study:

**Name of the Participant** (write your name on the line): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of the Participant** (put your signature on the line): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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