MODEL FORM

VERBAL ASSENT SCRIPT MINIMAL RISK

(This type of script is typically used when a study involves minimal risks to children and parental consent has already been obtained. Language must be simplified as appropriate for the age group used as subjects.)

I am a professor [a graduate student under the direction of Professor __________] in the Department/Division/College of ______________________ at the University of New Orleans. I am conducting a research study to ____(state purpose of study). I am recruiting subjects to __________________________________________________________________________________________ which will take approximately _________________________________.

This project is about ________ (briefly describe what children have to do) _________.

Your parent(s)/guardian(s) have given permission for you to participate. Even though they have said it is OK for you to participate (talk with me), there are some things you need to know before you decide if you want to participate (talk with me).

1. You do not have to participate (talk with me) if you do not want to.
2. If you choose not to participate (talk with me), your [grade, treatment/care, parents whichever applies - select only one] will not be affected.
3. If you get decide you do want to participate (talk with me) but change your mind later, we can stop and I won’t be upset and you will not get into trouble.
4. The results of the research may be published, but your name will not be used. If you have any questions concerning the research study, please call me at (  ) ____- ____ / I will be here on (date and time) and we can talk then.
NOTE: If data collection involves audiotape/videotape of activities, any verbal script, consent letter/form, assent or information letter must advise subjects that the activities will be audiotaped/videotaped and the disposition of the tapes (such as "the tapes will be erased upon completion of the study" or "the tapes will be kept indefinitely for archival purposes").

Do you have any questions? (answer questions)

Do you want to participate (talk with me)?

☐ Yes

☐ No

__________________________________________  ________________________
Name of person obtaining consent               date

____________________________________________
Signature of person obtaining consent