**University of Dayton - Participant Assent Form**

**TITLE OF STUDY**:

**Who is doing this research?**

(insert faculty and student’s name, if appropriate)

**Why should I do this?**(insert “The purpose of this project is…..)

**How long will it last?**You will be tested in one session which will last about XXX minutes.

**What will happen?**
(describe here in very simple terms what the child will be asked to do)

**How will you feel?**(describe any negative effects, such as soreness, tiredness, etc.)

**Will anyone know I’m doing this?**(talk about privacy and confidentiality here)

**What if I have questions or am worried about something?**

If you have questions, you may talk to (insert name of researcher here)

**Consent to Participate**

I agree to work with (researcher name here) and her team on this project. I understand all that is expected of me and promise to do my best. (Researcher name here) has answered all my questions. I understand I may stop this activity at any time.

 \_\_\_\_\_\_\_\_\_\_\_
Participant’s Name DATE

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Participant’s Signature Researcher’s Name