**Assent Form**

(to be accompanied by the Parent/Guardian Consent Form)

**[ SEE** [**IRB Guidance on Obtaining Assent**](https://www.montclair.edu/institutional-review-board/applications-forms-and-templates/irb-templates/) **– for appropriate age assent type.]**

Please read below with care. You can ask questions at any time, now or later. You can talk to other people before you fill in this form.

**Title:**       (This title needs to match the title in your IRB submission, unless this is a deception study)

**Study Number:**       (This you will find in your IRB Submission, i.e. FY-17-18-\_\_\_)

**Who am I?** I am Jane Doe. I work at the Montclair State University in the Exercise Science and Physical Education department.

**Why is this study being done?** We want to count how fast your heart beat goes up after you peddle a bike more and more.

(Describe the study’s purpose briefly and clearly. Do **NOT** use any jargon or technical language. Make sure you state the purpose of the research, not the purpose of a treatment or an intervention that the research is examining.)

**What will happen while you are in the study?** If you choose to be in this study, we will

(Describe what the participant will do, briefly, clearly, and in chronological order, if possible. Do NOT use any jargon or technical language. If you are planning to use video/audio taping, describe the procedures and how the tapes will be used after the study is over.)

**Time:** This study will take about       (give the amount of time in minutes, hours, and/or days)

**Risks:** You may ……..

(Describe foreseeable risks or discomfort to participants, including physical, psychological, social, economic, criminal or civil liability, employability, or reputation risks. Do **NOT** use any jargon or technical language.)

(If the participants’ risks in the study will be minimal, then include the sentence, “The risks are no greater than those in ordinary life.” in this section.)

**Benefits:** You may benefit from this study by/through/because

(Describe foreseeable benefits to the participant if relevant. If there are no benefits to the participants, state explicitly, “There are no benefits to you being in this study.”)

(Describe foreseeable benefits to others besides the participant, if relevant. Do not include payment amounts, gifts, etc.; that should be described under the Compensation section.)

Others may benefit from this study by/because

**Compensation** To compensate you for the time you spend in this study, you will receive *(...describe compensation, including amount, type, and distribution method/timeline here. If there is no compensation, please state that).*

*(For compensated studies, please also state whether participants will be eligible for compensation if they withdraw from the study prior to its completion. If compensation is pro-rated over the period of the participant's involvement, indicate the points/stages at which compensation changes during the study).*

*(When listing that participant may be entered into a drawing for a gift, describe approximately when that drawing will take place).*

**Who will know that you might be in this study?** You and your parent(s) will know that you are in this study. I will know that you are here, but we won’t tell anyone else.

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

You do not have to be in this study. We won’t get mad with you if you say no. It is okay if you change your mind at any time and leave the study. You do not have to answer any questions you do not want to answer. Nothing will happen to you. You will still get the things that you were promised.

(*If applicable, state specifically:)*Your payment/gift/grade for the course(s)       /your employment/your medical care/your treatment at       will not be affected.

**Do you have any questions about this study?** Phone or email the (Principal Investigator’s name, address, phone number, and email address and Faculty Sponsor’s Investigator’s name, address, phone number, and email address if applicable.)

**Do you have any questions about your rights as a research participant?** Phone or email the IRB Chair, Dr. Dana Levitt, at 973-655-2097 or [reviewboard@mail.montclair.edu](mailto:reviewboard@mail.montclair.edu).

It is okay to use my data in other studies:

Please initial: Yes No

***When the investigator is audiotaping, videotaping or photographing individual subjects, add the following statement:***

*It is okay to (audiotape, videotape, or photograph) me while I am in this study:*

*Please initial: Yes No*

***When the investigator is audiotaping, videotaping or photographing groups such as a class, add the following statements:***

*It is okay to use my* ***(****audiotaped, videotaped or photographed) data in the research.*

*Please initial: Yes No*

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Name of Research Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_**

Name of Witness Signature Date

**\_\_**  **\_ \_\_\_\_\_\_\_\_\_**

Name of Principal Investigator Signature Date

**\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_**

(*if applicable)* Name of Faculty SponsorSignatureDate

**GENERAL TEMPLATE INSTRUCTIONS TO BE DELETED BEFORE SUBMITTING**

When developing assent forms for your study, please follow the format above. Assent forms must be written at an age-appropriate language for the potential research participants. The language below is one version of a simplified explanation of a study. The section titles and introductory phrases are designed to help you achieve the appropriate Flesch-Kincaid Grade Level Reading.

When adding text to the Montclair Templates, please reference [**Improving Consent Readability Level**](http://www.montclair.edu/institutional-review-board/wp-content/uploads/sites/179/2019/11/Improving_Consent_Readability2019-11.pdf)for ways to achieve the desired reading levels.

**All Montclair State University’s faculty, staff, and students MUST use Montclair State University department letterhead for approved consent forms. You may customize the header of this form to fit your department.**

**Delete the above paragraphs, the instructions in parentheses below, the example text, and the grey boxes before submitting your assent form(s)!**