# C:\Users\Linda\Downloads\ddp_jpg\jpg\FU_logo_186_k_horz_03.jpg Sample Letter to an Older Child, Requesting Assent

Note: Language must be simplified as appropriate for the age group used as participants.

(Current Date)

Dear Student:

My name is \_\_\_\_\_ and I am a graduate student/professor in the Department/School of \_\_\_\_\_ at Fairfield University.  I am asking you to participate in a project that examines **(fill in purpose).**

I am asking you to **(describe task and length of time, e.g., to complete a short questionnaire that will take about 15 minutes).** Your parents or legal guardians have already given permission for you to participate in this study, but you do not have to participate if you choose.  You may quit this study at any time by simply telling me that you do not want to continue. You can skip any questions or tasks that you do not want to complete. Your participation in this study will not affect your grades in any way.  There are no known risks involved in this study and you will receive nothing for your participation.  To protect your confidentiality, your responses will not be shared with anyone unless required by law.  The responses you make will be kept by my professor Dr.\_\_\_\_\_\_ and me.  Neither your teacher nor your parents will know if you chose to participate in this project or will know the answers you provide.

If you have any question about this study, please contact me at \_\_\_\_\_\_\_\_\_.

Sincerely yours,

**Agreement**

I agree to participate in this research project and I have received a copy of this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Name (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Signature

Date

I have explained to the above named individual the nature and purpose, benefits and possible risks associated with participation in this research.  I have answered all questions that have been raised and I have provided the participant with a copy of this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher

Date