

**ASSENT**

You have indicated that Assent is required for this study. Mark the appropriate box. If you answer No, describe in Requested Revisions/Clarifications section.

Yes No Clear	Is the assent process acceptable given the age of the child or condition of the individual with diminished decision making capability?
Yes No Clear	Will the study be explained adequately regarding procedures, risks, and benefits? <ul style="list-style-type: none"> <li>• <i>Check for appropriateness and completeness of the language used to describe procedures, risks, and benefits. It is especially important here not to overstate the personal benefits.</i></li> </ul>

Yes No Clear	Is documentation of assent required?  <i>If yes, continue the checklist.</i>  <b><i>If no, the following questions do not apply and do not need to be answered.</i></b> <ul style="list-style-type: none"> <li>• <i>Under the "Forms and Deadline" IRB Web link, an assent template is available. This is considered to be the minimal information needed for an assent form.</i>  <i>Main Campus Assent (Microsoft Word)</i>  <i>HIPAA Assent (Microsoft Word)</i></li> </ul>
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**How should assent be documented?**

Assent Document

Other:

**If children are involved, indicate the ages of the children that should sign this document. Enter N/A if no children are involved.**

**Specific Concerns:** *If any, explain any concerns you may have and WHY they are of concern. You must be very specific. If you have none, please state "None."*

**Resolutions to Concerns:** *Provide specific resolutions to concerns listed above. Your requested clarifications, suggestions, and revisions must be specific.*

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