

Sample Child's Assent Form  
This can also be converted to an Information Sheet  
Note the large font and blocked paragraphs

Project Title: Study of XYZ in Children with Autistic Disorder  
Director: Dr. Alice Jones

Your parents have talked to you about being in a research study. Dr. Jones and her helpers want to learn more about a condition called autism that affects some children your age. You can ask as many questions as you like about the study and Dr. Jones or her helper will explain it to you in a way that you can understand.

You will have a small amount of blood taken from your arm. This may hurt a little bit when the needle pricks your skin, but we will give you some ice to put on your arm, which may take some of the sting out. You will also do some activities such as matching pictures, pointing to pictures, playing games and putting together puzzles with one of the research helpers. No information about you will be shared with anyone who is not working on this study.

You may call Dr. Jones or her helper, or ask your parent to call for you, at any time if you have more questions about the study. You don't have to be in this study if you don't want to and no one will be mad at you. If at first you say yes, but later change your mind, you should let your parents or Dr. Jones's helper know and you won't have to be in the study any more.

You should talk to your parents about the study before you decide. This information sheet is yours to keep.