



## **Parental Permission for Children's Participation in Research**

**Title: New approaches to assistive technology in individuals with autism spectrum disorder and its effects**

**Principal Investigator: Simran Kaur**

### **Introduction**

The purpose of this form is to provide you (as the parent of a prospective research study participant) with information that may affect your decision as to whether or not to let your child participate in this research study. The person conducting the research will describe the study to you and answer all your questions. Read the information below and ask any questions you might have before deciding whether or not to give your permission for your child to take part in the study. If you decide to let your child be involved in this study, this form will be used to record your permission.

### **Purpose of the Study**

If you agree, your child will be asked to participate in a research study about the usage of assistive technology in individuals with autism spectrum disorder. The purpose of this study is to determine whether a new type of assistive technology (an iPhone app) is effective in helping individuals with autism with emotional intelligence in nonverbal communication.

### **What is my child going to be asked to do?**

If you allow your child to participate in this study, they will be asked to use an app to practice the recognition and formation of facial expressions that convey prompted emotions at varying levels of time commitment. This study will take seven weeks and will require time commitment of their choice (with a minimum of 30-60 mins of testing). There will be roughly 100 other participants involved in this study.

### **What are the risks involved in this study?**

The risks of this study include a possible loss of privacy, since the participants will be asked to submit pictures of their face.

### **How confidentiality will be maintained:**

Any pictures or other recordings of the participants will be deleted after seven weeks (except for anonymized test scores, which will remain).

### **What are the possible benefits of this study?**

Your child will receive no direct benefit from participating in this study; however, there may be societal benefits such as an improved understanding of the way individuals with Autism Spectrum Disorder interpret and form facial expressions.

**Does my child have to participate?**

No, your child's participation in this study is voluntary. Your child may decline to participate or to withdraw from participation at any time. Withdrawal or refusing to participate will not affect their relationship with Minnetonka Research or Minnetonka High School in any way. You can agree to allow your child to be in the study now and change your mind later without any penalty.

**What if my child does not want to participate?**

In addition to your permission, your child must agree to participate in the study. If your child does not want to participate they will not be included in the study and there will be no penalty. If your child initially agrees to be in the study they can change their mind later without any penalty.

**Will there be any incentives for participation?**

Neither you nor your child will receive any type of incentive for participating in this study.

**How will your child's privacy and confidentiality be protected if s/he participates in this research study?**

Your child's privacy and the confidentiality of his/her data will be protected by the close monitoring of any pictures or medical records shared with the researchers. In addition, the researchers will never share any of this information with anyone who is not affiliated with Minnetonka Research. After seven weeks, all raw data will be erased, and the statistical analysis will not include any personal information.

If it becomes necessary, the Institutional Review Board may need to review the study records. If this happens, information that can be linked to your child will be protected to the extent permitted by law. Your child's research records will not be released without your consent unless required by law or a court order.

**Whom to contact with questions about the study?**

Prior, during or after your participation you can contact the researcher Simran Kaur at 507-737-5787 or send an email to [simran.kaur.101526@gmail.com](mailto:simran.kaur.101526@gmail.com) for any questions or if you feel that you have been harmed. This study has been reviewed and approved by Minnetonka High School's Institutional Review Board.

**Whom to contact with questions concerning your rights as a research participant?**

For questions about your rights or any dissatisfaction with any part of this study, you can contact, anonymously if you wish, the Director of Minnetonka Research at [Kimberly.Hoehne@minnetonkaschools.org](mailto:Kimberly.Hoehne@minnetonkaschools.org).

**Signature**

*You are making a decision about allowing your child to participate in this study. Your signature below indicates that you are 18 years or older and have read the information provided above and have decided to allow them to participate in the study. If you later decide that you wish to withdraw your permission for your child to participate in the study you may discontinue his or her participation at any time.*

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Printed Name of Child

\_\_\_\_\_  
*Printed Name of Parent(s) or Legal Guardian*

\_\_\_\_\_  
*Signature of Parent(s) or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Investigator*

\_\_\_\_\_  
*Date*