

Human Informed Consent Form

Instructions to the Student Researcher(s): An informed consent/assent/permission form should be developed in consultation with the Adult Sponsor, Direct Supervisor or Qualified Scientist.

This form is used to provide information to the research participant (or parent/guardian) and to document written informed consent, minor assent, and/or parental permission.

- When written documentation is required, the researcher keeps the original, signed form.
- Students may use this sample form or may copy ALL elements of it into a new document.

If the form is serving to document parental permission, a copy of any survey or questionnaire must be attached.

Student Researcher(s): Simran Kaur

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

I am asking for your voluntary participation in my science fair project. Please read the following information about the project. If you would like to participate, please sign in the appropriate area below.

Purpose of the project:

If you agree, you 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.

If you participate, you will be asked to:

If you participate in this study, you will be asked to use an iOS app to practice the recognition and formation of facial expressions for seven corresponding emotions. You will be tested on those skills at the beginning of the study and at the end.

Time required for participation:

This study will take seven weeks to complete. It will involve a minimum of ~1 hour of testing at the start and end of that period, and additional time spent using the app will involve a maximum of 10 minutes of usage a day.

Potential Risks of Study:

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

Benefits: You will receive no direct benefit or compensation 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.

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).

If you have any questions about this study, feel free to contact:

Adult sponsor/QS/DS: Caitlin McWhirter
Phone/email: caitlin.mcwhirter@mtka.org

Voluntary Participation:

Participation in this study is completely voluntary. If you decide not to participate there will not be negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question.

By signing this form I am attesting that I have read and understand the information above and I freely give my consent/assent to participate or permission for my child to participate.

Date Reviewed & Signed: _____

Adult Informed Consent or Minor Assent (mm/dd/yy)

Research Participant Printed Name:

Signature:

Date Reviewed & Signed: _____

Parental/Guardian Permission (if applicable) (mm/dd/yy)

Research Participant Printed Name:

Signature: