

Information Sheet

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We would be grateful to you if you could assist us by participating in our study exploring the way children with Autism cope with language tasks if I change the way the word or sentence is said and give them a way to process it more easily. The study is specifically interested in temporal processing and how this cognitive factor can impair language acquisition in children with Autism.

Your child's participation will take approximately 60 minutes, during which time they will engage in some computerised sentence and word repetition tasks.

Participation in the study is completely voluntary. You are free to withdraw your child from the project at any time without this affecting any care or services you/your child may be receiving now or may receive in the future.

Any personal information given will remain confidential; all personal data will be stored securely in a locked cupboard for five years and will be disposed after the end of the five years. Anonymised data may be kept at the University for future research. This project has been reviewed, according to procedures specified by The University of Reading Ethics and Research Committee, and has been allowed to proceed. All investigators working on this project have been through the formal Disclosure procedure and have been approved by the School to work with children. If you would like to know the outcome of the study, you are welcome to contact us to request this. It will not be possible, however, to disclose individual scores but group scores will be available.

If you would like your child to take part in this study please fill in one of the consent forms. Please keep the second copy of the Information Sheet/Consent Form for your own future reference. If you have any questions you can contact us on the phone numbers at the top of the Information Sheet. If, for any reason, you do not wish for your child to take part in this study, this would not affect your child's educational provision in any way. You can withdraw your consent at any point during the study.

Unfortunately as this is a student project I am unable to pay any participants for their involvement in this research project.

In addition, this study cannot accept children under the age of 5 due to insurance purposes.

This project has been reviewed, according to procedures specified by the University Research Ethics Committee, and has been allowed to proceed.

Thank you for your help.

Experimenter: Ms Camilla East
Investigator/Supervisor: Doug Saddy



CONSENT FORM

phone +44 (0)118 378 8523
fax+44 (0)118 378 6715

Study Title: Temporal processing ability in ASD children and its impact on language acquisition.

1. I have read the Information Sheet about the study on temporal processing ability in ASD children and its impact on their language acquisition.
2. I understand why this study is being done. I understand what it means for my results to be used in this study. I have had the opportunity to ask questions about the study. I am happy with the answers I had to any questions I have asked. I agree to the arrangements described in the Information Sheet and the description of my child's involvement in this project.
3. I understand that my child's participation in this project is entirely voluntary and that I or my child have the right to withdraw from the study at any time, and that this will have no negative impact on the care or services that my child might be receiving or may receive in the future.
4. I understand that my child's full name will not be used and that details of my child will be treated in confidence.
5. I have received a copy of this Consent Form and the Information Sheet.

Name of child: _____

Name of parent/carer (Please print) _____

Signed: _____

Date: _____

Name of investigator/supervisor:/.....

Signature of investigator/supervisor: _____

Hi!

I would like to find out what can help you understand adults better. Can we have a play session? We will try to make certain sounds clearer and help you to understand sentences better.

Can I play some games with you this summer?

Yes/No Name/Signature.....

Thank you!

Your new friend!

Camilla

