Evaluating the Assessment of Prosodic Deficits in Children with Autism

CAREGIVER’S CONSENT FOR A CHILD TO ACT AS A RESEARCH PARTICIPANT

Parent or Legal Guardian’s Name __________________________________________________________

Child’s Name ___________________________________ Date _______________________

You are invited to participate in a research study conducted by Melissa Redford, Ph.D., faculty in the Linguistics Department at University of Oregon and Jolynn Cornell-Fabiano, CCC-SLP, Speech-Language Pathologist at César E. Chávez Elementary School. The study is funded in part by a grant from the National Institute of Child Health and Human Development (NIH—NICHD). We hope to learn more about any specific deficits your child may have in producing prosody—the rhythms and intonation of language. We also hope to evaluate the effectiveness of 3 prosodic assessment instruments for characterizing your child’s speech and language. Finally, we hope to understand the relationship between your child’s language abilities and his/her opportunities for social interaction with peers.

The Study:

Your child has been asked to take part in this study as a volunteer. You are giving permission for your child to complete various tasks that assess aspects of his/her basic rhythm abilities, comprehension, production and memory for language. In addition, you are giving permission for your child to complete tasks that are designed to investigate children’s production of rhythm and intonation. The specific tasks include:

- Child’s assent to participate in the study.
- Engaging in conversation with the experimenter.
- Telling a couple of stories based on two picture books.
- Choosing pictures that go with a word or sentence.
- Listening to and repeating back sounds and words.
- Making up sentences with words that the experimenter provides.
- Naming objects/actions in pictures.
- Doing a number game.
- Clapping or tapping.

We will audio record much of your child’s speech for later analysis and for a study investigating the relationship between language abilities/deficits and social perceptions. We will use a wireless microphone that will be attached to the child’s shirt, a headband or a hat to record your child. We will ask your child to wear the microphone for most of the study. Your child will be allowed to take the microphone off between tasks and during breaks.

The entire study session (including breaks) will take up to 2 hours to complete. We will offer your child juice, crackers, and other commercially available snacks during these breaks. Please let us know whether or not this suits you and especially whether or not your child has any allergies that we should know about. Please check this box once you have finished telling
the experimenter about your preferences regarding the snack or about any allergies your child may have: [ ]. Although we hope to complete the study today, if you or your child indicates that they have had enough for today, we hope that you will return so that we might complete the study.

The planned study on the relationship between language abilities/deficits and social perceptions will involve typically-developing (TD) children from other schools. Our plan is to play portions of your child’s speech (along with the speech of other children with speech/language deficits) to TD children from other schools to obtain ratings on how much they would like to befriend your child based on his/her speech. The recordings we play to other children will be stripped of all identifying information. If you are comfortable with this aspect of our study, indicate so with your initials here ______. If you are not comfortable with this aspect of our study, we will withdraw your child’s audio-recordings from the pool of recordings that we intend to play to TD children.

We would also like to ask your child’s SLP to complete the Child Autism Rating Scale (CARS) and then to share his/her responses with us. The CARS is a behavioral questionnaire that can provide us with standardized information about where your child may fall along the autism spectrum. Such information would be useful to us in trying to understand the relationship between particular prosodic deficits and autism. If you are comfortable with letting your child’s SLP complete the CARS and then share the results with us, please indicate this with your initials here ______. If you are not comfortable with this aspect of our study, we will ask you to verbally share whatever information you are comfortable sharing with us regarding your child’s diagnosis.

The research we have described here is to be funded in part by a grant from the National Institute of Child Health and Human Development.

Compensation:

We will compensate your child for his/her time with $15 for every hour of the study that your child completes, even if s/he does not complete the entire study. If you agree, we would like to give some or all of the money to your child as a token of our appreciation of his/her work. Please let us know, in $5 increments, how much of the money we might be able to give your child ______. Your child will also be able to choose a small toy for his/her efforts at the end of the study.

Potential Benefits:

The results of this research could help to inform your school Speech-Language Pathologist’s (CCC-SLP) treatment plan for your child, if you choose to have us share all of our results with your child’s SLP. Please initial here ______ if you would like us to share our results with your child’s SLP. Please note that Jolynn Cornell-Fabiano, as a member of the research team, will automatically have access to your child’s results.

We expect that the results will also be of specific use for developing an easy-to-use prosodic assessment tool for school SLPs.
Further, we expect that the results will be of general use for developing appropriate treatments for children with prosodic deficits as well as for understanding the root causes of developmental language disorders that affect the acquisition of language rhythm and intonation.

Your Rights:

Your child’s participation is entirely voluntary. You may refuse for your child to participate or you may withdraw at any time. If you decide for your child not to participate, you are free to withdraw your consent and discontinue participation at any time without penalty.

Subjects' records, data, and audio-recordings are kept completely confidential and stored in the Speech and Language Laboratory, which is not accessible to the public, and under the control of the investigators. A subject's data are only identified by a number-letter code (e.g., 101a). There will be no record linking your child’s name with his/her data and it will not be possible for the results of the study to be used against the interests of your child. No participant will ever be personally identified by name in files or publications.

Contact Information:

If you have questions about the study or any research-related problems, you may reach Melissa Redford at work at (541) 346-3818 or at home at (541) 344-1636 or Jolynn Fabiano at home at (541) 388-8720.

If you have questions regarding your child’s rights as a research subject, contact the Office for the Protection of Human Subjects, University of Oregon, Eugene, OR 97403, (541) 346-2510.

Your Signature:

Your signature indicates that you have read and understand the information provided above;
- that you willingly agree for your child to participate;
- that you may withdraw your consent at any time and discontinue participation without penalty;
- that you will receive a copy of this form if so desired; and
- that you are not waiving any legal claims, rights or remedies.

_________________________________________ Date _________________
Parent or Legal Guardian’s Signature