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| **Project Title** |  | |
| **Purpose of the Study** | *This research is being conducted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We are inviting you to participate in this research project because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The purpose of this research project is to …..* | |
| **Procedures** | *The primary location for activities for this project is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *The procedures involve\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *At each visit, you/ your child will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| **Potential Risks and**  **Discomforts** | *The primary risk to participation in this study is that your child may become fatigued during some testing sessions. If so, we will discontinue testing and complete it at a mutually acceptable time.*  *If you agree to have your/your child’s recorded sessions contributed to the FluencyBank project (fluency.talkbank.org), there is a risk that somebody will recognize you, even though we will protect your identity and not use you or your child’s name in any records, publications or presentations, including at the FluencyBank.site.*   *\*\*There is a separate place on this consent form for you to indicate your willingness to be audio- or video-recorded and to donate transcripts with or without these records in the format of your choice to FluencyBank.* | |
| **Potential Benefits** | *There are no direct benefits to you from participating in this research. We hope that, in the future, other people might benefit from this study through improved understanding of …* | |
| **Confidentiality** | *Any potential loss of confidentiality will be minimized by the following procedures: [site specific info here]* *If we write a report or article about this research project, your identity will be protected to the maximum extent possible. Your information may be shared with representatives of the University of X or governmental authorities if you or someone else is in danger or if we are required to do so by law.*  ***An important focus of this work is to add to a public archive used by researchers to further research in fluency development and disorder(FluencyBank;*** [***fluency.talkbank.org***](http://www.talkbank.org)***). De-identified transcripts of (specify) sessions will be uploaded to this site at the completion of this project. We also wish to contribute the video- and/or audio-recordings, specifically because fluency is not reliably appraised from transcripts alone. Access to these data will be limited and will require an official at FluencyBank to provide the user with a password after answering questions about appropriate use of the data and validation of the user’s identity. Data contributed to this archive are fully de-identified, as described above, and are additionally reviewed to remove any possible instances when you (and/or your child) say something that could reasonably identify you. However, depending upon whether you give us permission to donate your audio- or video-play sessions, it is possible that someone will recognize you (and/or your child) either visually or by recognizing the sound of your voice. Voices alone tend not to be highly identifiable.***  ***Please initial below IF YOU AGREE TO ALLOW US TO CONTRIBUTE THESE DATA UNDER THE FOLLOWING CONDITIONS:***  ***\_\_\_*** *I allow study videotapes to be contributed to the FluencyBank project without any further restrictions. I am free to change my mind at any time and notify the study PI or the FluencyBank of this change.*  *\_\_\_ I allow an audio-recording of these data to be contributed, but do not allow the video-recording to be contributed.*  *\_\_\_I do not allow either an audio- or video-recording to be contributed to FluencyBank, only a de-identified transcript of [study specific]* | |
| **Medical Treatment** | *As required by your own IRB* | |
| **Compensation** | *Specific to your study* | |
| **Right to Withdraw and Questions** | *Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.*  *If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigator:* [Contact info] | |
| **Participant Rights** | *If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:* | |
| **Statement of Consent** | *Your signature indicates that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree to participate in this research study. You will receive a copy of this signed consent form.*  *If you agree to participate, please sign your name below.* | |
| **Signature and Date** | **NAME OF PARTICIPANT**  **[Please Print] and CHILD NAME** |  |
| **SIGNATURE OF PARTICIPANT** |  |
| **DATE** |  |

**Please provide:**

Mailing Address:

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