

## Participant consent form

### What are the reading difficulties of people who have autism?

*Please tick your response in the appropriate box*

I have read and understood the attached participant information leaflet for the above study. Yes ☐ No ☐

I have had the opportunity to ask questions about the research. Yes ☐ No ☐

I understand that I am free to withdraw from the study at any time prior to the submission of this work for publication without giving any reason and without any negative consequences. Yes ☐ No ☐

If I decide to withdraw from the research process any information I have given to the researcher will be destroyed and none of my responses will be included in the research.

I understand that if I agree to take part in this research I am agreeing to take part in a test, which involves reading text samples or web pages and answering questions related to the content of the texts or web pages. Yes ☐ No ☐

I understand what an eye tracker is and I agree to have my eye movements recorded by it. Yes ☐ No ☐

I understand that any identifiable data will be anonymised and I give permission for the research team to have access to my anonymised data. Yes ☐ No ☐

I agree to take part in this research study. Yes ☐ No ☐

Name of Participant:	Researcher:
Phone number:	Date:
Email address:	Signature:
Date:	
Signature:	