

**Project Title:** Personal-independent Emotion Detection Model for Children with High-Functioning ASD

**Researcher:** Annanda Sousa

**Supervisors:** Prof. Mathieu d'Aquin, Dr. Manel Zarrouk and Dr. Jennifer Holloway

## Informed Consent Form for parents/guardians of children participating in the research study titled “Personal-independent Emotion Detection Model for Children with High-Functioning ASD”

Please, tick each box to demonstrate you explicitly agree with:

	YES	NO
I <b>confirm</b> that I have received the Information Sheet dated _____ (version _____), which I may keep for my records, and I have had the opportunity to ask questions about the study.	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied that I <b>understand</b> the information provided and have had enough time to consider the information.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>understand</b> that my participation is voluntary, and I can withdraw from the study, without giving any reason, at any time, whether before it starts or while I am participating, without being penalised or disadvantaged in any way.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>understand</b> that the researchers will ask for my child's assent for taking part of this research and they will use age appropriate language to that.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>permit</b> that the researchers talk to my child before the start of the study to obtain her/his assent to participate in this research study.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>understand</b> that my child is going to participate in this study only if she/he agrees with that.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>understand</b> that my child is under <b>no</b> obligation to participate in this study. If she/he agree to participate, but at a late stage feel she/he needs to withdraw, she/he is free to do so. It will <b>not</b> affect her/him in any way.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>understand</b> that the study involves eliciting emotions from my child, and that she/he can feel agitated or uneasy as a result.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>confirm</b> that the researchers explained to me the measures put in place to support my child to return to a calm state if any agitation happens, and I <b>agree</b> with such measures.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>consent</b> to my child being video/audio/heart rate recorded, where such record will be stored in secured, encrypted, and password protected devices within NUI Galway premises for no longer than the period of 3 years, on the understanding that only the researcher and supervisors involved in this research project will have access to such files. This record will <b>not</b> be shared or published in any way.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>understand</b> that the data (i.e. video/audio/heart rate) recorded will be processed in this research to create a computer system that can identify emotions from Children with High-functioning ASD.	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
I <b>understand</b> that any personal information I may share will be kept confidential, except in cases where I inform the researcher or supervisors that myself or someone else is at risk of harm. They may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>understand</b> that no information that could lead to the identification of mine and my child's identity will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>consent</b> to have the results of the study obtained from my participation (anonymously) communicated in public presentations, publications for the general public, scholarly events, scholarly publications, and in the researcher's PhD thesis.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>understand</b> that I will not benefit directly from participating in this research.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>consent</b> that the copyright, or any other intellectual property rights, created by the project will rest with NUI Galway.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>consent</b> to have the data resulting from my participation used for the purpose of this research project.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>have read</b> all my rights, in the information sheet, and I <b>understand</b> that I can make use of any of them during anytime of this research study.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>understand</b> that I am free to contact any of the people involved in the research to seek further clarification and information. Annanda Sousa can be contacted via email at annanda.sousa@insight-centre.org or face-to-face in agreed office hours at the Data Science Institute, IDA Business Park, Lower Dangan, KD Unit, 2nd Floor.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>agree</b> to take part in the above study.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>permit</b> my child to take part in the above study.	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, you are agreeing that you have read and understood the participant information sheet and that you agree to take part in this research study and permit you child to be part of this research study.

Parent Signature Box

I, the parent or guardian of \_\_\_\_\_, a minor \_\_\_\_\_ years of age, voluntary **permit** his/her participation in a program of research named above and being conducted by Annanda Sousa, Prof. Mathieu d'Aquin, Dr. Manel Zarrouk and Dr. Jennifer Holloway.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name here.

#### Witness Signature Box

I have witnessed the accurate reading of the consent form to the parent of the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name here.

#### Researcher Signature Box

I have provided an Information Sheet and explained the nature and effect of the procedures to the parent/guardian of the potential participant, and to the best of my ability made sure that the person understands that the following will be done:

1. Their child will be part of an emotion elicitation experiment.
2. They will be asked to tag their child's emotions.

I confirm that the parent was given an opportunity to ask questions about the study, and all the questions asked by him/her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the parent or guardian of the participant.

\_\_\_\_\_  
Signature of researcher

\_\_\_\_\_  
Date