**Consent Form**

**Evaluating Treatment Effectiveness of a Multi-faceted Stuttering Treatment Program**

**IRB#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Investigator**: Farzan Irani, Ph.D, CCC-SLP; Assistant Professor, Texas State University – San Marcos; Department of Communication Disorders; Email: [firani@txstate.edu](mailto:firani@txstate.edu); Phone: (512)245-6599.

**Dear Participant:**

You are being asked to participate in this research study because you enrolled to receive therapy services at Texas State University – San Marco’s Department of Communication Disorders Summer Intensive Stuttering Clinic. The purpose of this study is to determine the effectiveness of therapy services offered during the intensive clinic and telepractice follow-up. As part of this study, all data gathered during the clinic about changes in the frequency of stuttering and self-reported changes in attitudes toward stuttering will be analyzed to evaluate the effectiveness of the program offered. This does not require you to do anything in addition to following the regular clinic protocol. The only difference is that the data will be analyzed separately after completion of the clinic to determine meaningful changes as a result of the therapy and determine the effectiveness of the intensive clinic and follow-up package offered and will help us improvise and make services more efficient for future offerings of the clinic.

Participation in this research study does not require you to do any tasks and/or activities beyond what you will be asked to do as part of the therapy program itself. All information gathered during the clinic will remain confidential and only your primary clinicians, two research assistants, and I will have access to the information gathered from the clinic.

This research is funded by a Research Enhancement Program grant awarded to Farzan Irani, Ph.D., CCC-SLP by Texas State University – San Marcos.

**Risks**

This study presents the same level of risks as your participation in the intensive clinic and does not present you with more stress that what you may experience when attending the clinic.

**Benefits**

Therapy services offered, as part of this research study will be provided at no cost to you. Additionally, the information obtained from this study will assist us in determining the effectiveness of this treatment protocol and determine changes that might be needed to make the program more effective in the future.

**Confidentiality**

All data gathered for the study will be the same as that gathered as part of the clinic. HIPPA compliance will be maintained and your confidentiality will be maintained throughout the process. The data gathered to determine the effectiveness of the clinic will be stored at the Texas State University – San Marcos’s Department of Communication Disorders Speech and Hearing Clinic in compliance with HIPPA policies and will be used only for educational and research purposes.

**Participation**

By attending the Intensive Stuttering Clinic at Texas State University – San Marcos and signing this consent form you agree to participate in this study and allow data gathered during the course of treatment to be utilized for assessing the effectiveness of this particular treatment protocol.

Please be assured that your information will remain strictly confidential and in compliance with HIPPA regulations.

You can choose to withdraw from receiving clinic services and this study at any time with no penalty for doing so. You decision to not participate in this study will have no effect on your participation in therapy services offered here at Texas State University – San Marcos.

Once again, all information will remain strictly confidential and your name and/or any identifying information will not be included in any presentations or publications that result from this study.

If you have any questions about this study, please do not hesitate to call Farzan Irani, Ph.D, CCC-SLP (512) 245-6599. If you have any questions about your participation in this research, you can also contact Jon Lasser, Chair of the Texas State University Human Subjects Committee, Institutional Review Board at (512- 644-8633- lasser@txstate.edu) or Becky Northcut, Compliance Specialist (512-245-2102). You will be given a copy of this form to keep.

**Consent to participate in this study**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Name (print clearly)

have read this form and give my permission to be included in this research study.

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Signature of Participant Month Day Year

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Signature of Principal Investigator Month Day Year