**Consent Form**

**Assessing the Benefits of Attending a Support group for SLP Student Training**

**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 Student:**

You are being asked to participate in this research study because you are enrolled in CDIS 5336: Neuromotor Disorders of Speech: Description and Rehabilitation in the fall of 2010. I am interested in learning more about your individual experiences attending support groups and/or discussions forums for various speech motor disorders as part of your final assignment this semester. I am particularly interested in learning how an activity of this nature might contribute to improving student learning and understanding of neuromotor disorders of speech. I hope to gather this information by completing a thematic analysis of the structured individual reflections each of you submits at the end of the semester for the case development assignment. In addition to the personal reflections, you will also be completing a demographic questionnaire and a few questions about your participation in the support group(s).

**Risks**

This study presents the same level of risks as your participation in other student clinician trainings for speech-language pathologists and does not present you with more stress that what you may experience on a daily basis.

**Benefits**

There are no tangible benefits to participating in this study. However the information obtained from this study can assist in the effective training of future speech-language pathologists in the area of neuromotor disorders of speech.

**Confidentiality**

You will be required to submit a hard copy of the reflection paper and responses to the additional questions about your participation in the support group to the Department Secretary. You are requested to ***not*** include your name on the copy submitted for research. The Principal investigator will not have access to these copies till after the grades for the semester have been submitted.

All participants will be given an identification code that does not contain any of your personal information. In addition to the Principal Investigator, a research assistant will be given access to the reflection papers after they have been assigned an identification code.

Information from this study will be kept for 10 years in a securely locked lab on the campus of Texas State University.

**Participation**

Participation in this study is voluntary. You are under no obligation to provide consent for your information from the assignment to be used for research. You are also free to withdraw from this research study at any time without penalty from Texas State University or any other organization. Declining to participate in this study will not impact your final grade in this course.

Please be assured that the names of all participants in this research project will be kept strictly confidential to the extent allowed by law. By signing this consent form you are indicating that you have read this form and agree to have the information that you provide about yourself and your case development assignment. 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_/ \_\_\_\_\_\_/ \_\_\_\_\_\_

Signature of Principal Investigator Month Day Year