**Children Assent to Participate in Research**

**Study Title:** Effects of Physical Activity on Children with Visual Impairments: Relationship between Motor Skill Development and Physical Activity

**Researcher:** Carlos M. Cervantes, Ph.D. and Ting Liu, Ph.D.

**Sponsor:** Research Enhancement Program (REP).

* You are being asked to be in a research study. A research study is a way to find better ways to treat people or to understand things better.
* Your parents and the school principal know we are going to ask you to participate in this research study.
* This form will tell you about the study to help you decide whether or not you want to participate.
* You should ask any questions you have before making up your mind. You can think about it and discuss it with your family or friends before you decide.
* It is okay to say “No” if you don’t want to be in the study. If you say “Yes” you can change your mind and quit being in the study at any time without getting in trouble.
* If you decide you want to be in the study, an adult (usually a parent) will also need to give permission for you to be in the study.

**1. What is this study about?**

The purpose of this study is to see how your motor skills such as running, hopping, kicking, and throwing may affect how much physical activity you engage when you are not in class. You are being asked to participate in this study because physical activity is very important to your health and we want to see if motor skills may play an important part in helping children with visual impairments become more physically active.

**2. What will I need to do if I am in this study?**

You will be asked to complete a set of 12 motor skills in the school’s gymnasium at a convenient time for you. It will take about 15-30 minutes to complete those motor skills. In addition, you will be asked to wear an accelerometer (which measures the time you spend in physical activity and how hard you are working) for a week of the study. The accelerometer is a small device you will wear using an elastic belt around your waist. You will be videotaped during the study, but this is only to make sure the sessions follow all the guidelines of the study so your safety is always maintained.

**3. How long will I be in the study?**

You will be in this study for a period of one to two weeks or until your motor skills and physical activity information have been collected.

**4. Can I stop being in the study?**

You may stop being in the study at any time. If you decide you do not want to be in this study or if you do not want to wear the accelerometer, you will not be penalized.

**5. What bad things might happen to me if I am in the study?**

Nothing bad will happen to you as a result of this study.

**6. Will I be given anything for being in this study?**

There will be no rewards or incentives for participating in this study. Your participation is totally voluntary.

# **7. Who can I talk to about the study?**

For questions about the study you may contact Dr. Carlos M. Cervantes at (512) 245-9691 or via email at [cc85@txstate.edu](mailto:cc85@txstate.edu). You can also reach Dr. Cervantes via Mr. Joe Paschall at the school.

# **Signing the Assent Form**

I have read (or someone has read to me) this form. I have had a chance to ask questions before making up my mind. I want to be in this research study.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **AM/PM** |
| **Signature or printed name of participant** |  | **Date and time** |  |

**Investigator/Research Staff**

I have explained the research to the participant before requesting the signature above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | |
| **Printed name of person obtaining assent** |  | **Signature of person obtaining assent** | |
|  |  |  | **AM/PM** |
|  |  | **Date and time** |  |

This form must be accompanied by an IRB approved parental consent form signed by a parent/guardian.