**Parental Consent for Child’s Participation in Research**

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

**Researchers:** Carlos M. Cervantes, Ph.D. and Ting Liu, Ph.D., Texas State University.

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

* **This is a parental permission form for research participation.** It contains important information about this study and what to expect if you permit your child to participate.
* **Your child’s participation is voluntary.** Please consider the information carefully. Feel free to discuss the study with your friends and family and to ask questions before making your decision whether or not to permit your child to participate. If you permit your child to participate, you will be asked to sign this form and will receive a copy of the form.

**Purpose**

The purpose of this study is to evaluate how the motor skill development of children with visual impairments may affect their physical activity patterns.

**Procedures and Tasks**

Participants will be asked to complete a set of 12 motor skills (run, gallop, hop, leap, jump, slide, strike, dribble, catch, kick, throw, and roll) in the school’s gymnasium at a convenient time for them. The motor skill assessment will take about 15-30 minutes for your child to complete. Participants will be videotaped during motor skill testing to ensure the sessions follow all the guidelines of the study so their safety is always maintained. In addition, participants will be asked to wear an accelerometer, which is a small pedometer-like device that measures time, duration and frequency of physical activity. The accelerometer will be worn using an elastic belt around the waist for approximately one-week of study.

**Duration**

It is expected that the study will take approximately one to two weeks or until participants’ motor skills and physical activity information has been collected. Your child may leave the study at any time. If you or your child decides to stop participation in the study, there will be no penalty and neither you nor your child will lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with Texas School for the Blind and Visually Impaired or Texas State University.

**Risks and Benefits**

Nothing bad will happen to your child as a result of participating in the study. Neither the motor skills assessment instrument nor the activity monitor will harm your child in any way. The anticipate benefits of the research study is that it may provide valuable information on whether motor skill development may be an important factor in enabling children with visual impairments to be more physically active. Results may allow teachers to design programs that address motor skills at early stages so children with visual impairments can engage in adequate physical activity leading to improved quality of life.

**Confidentiality**

Efforts will be made to keep your child’s study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your child’s participation in this study may be disclosed if required by state law. Also, your child’s records may be reviewed by the following groups (as applicable to the research): (a) Office of Research and Federal Relations at Texas State University or other federal, state, or international regulatory agencies; (b) Texas State University Institutional Review Board; and (c) The sponsor, if any, or agency supporting the study.

**Incentives:** There are no monetary incentives for participating in the study.

# **Participant Rights:**

* You or your child may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you or your child is a student or employee at Texas State University, your decision will not affect your grades or employment status.
* If you and your child choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By signing this form, you do not give up any personal legal rights your child may have as a participant in this study.
* An Institutional Review Board (IRB) responsible for human subjects’ research at Texas State University reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

# **Contacts and Questions:**

# For questions, concerns, or complaints 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). To discuss other study-related questions with someone who is not part of the research team, you may contact Dr. Jon Lasser, IRB Chair, at (512) 245-3413 or Ms. Becky Northcut in the Office of Responsible Compliance at (512) 245-2102.

# **Signing the Parental Permission Form:**

I have read (or someone has read to me) this form and I am aware that I am being asked to provide permission for my child to participate in this study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to permit my child to participate in this study. I am not giving up any legal rights by signing this form. I will be given a copy of this form**.**

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| **Printed name of child** |  |  | |
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| **Printed name of person authorized to provide permission for child** |  | **Signature of person authorized to provide permission for child** | |
|  |  |  | **AM/PM** |
| **Relationship to the child** |  | **Date and time** |  |

**Video Consent Acknowledgement:**

I hereby give permission for use of videos of my son or daughter for use in data analysis, educational training, professional presentations, and professional publications. I understand that no explicit identifying information will accompany the presentation of videos, though the use of my child’s image may lead to recognition of my child as a study participant.

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**Printed name of child** **Date**

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**Signature of parent(s) or legal guardian** **Date**

**Investigator/Research Staff**

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

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