**Consent Form**

**Client Perceptions of the Comprehensive Stuttering Therapy Program for Adults (CSTP-A): A Qualitative Analysis**

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

**Principal Investigators**:

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Stephanie Hughes, Ph.D., CCC-SLP, Assistant Professor, Governors State University; Department of Communication Disorders; Email: [shughes@govst.edu](mailto:shughes@govst.edu); Phone: (708) 534-4594

**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 Comprehensive Stuttering Therapy Program for Adults (CSTP-A). 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, the co-investigator, Dr. Hughes will contact you via email or telephone to schedule a 30-45 minute phone interview. During the interview, Dr. Hughes will ask you questions about your experiences attending the CSTP-A and specific questions related to the pros and cons of the program. I will not play a role in the interview process. Further, Dr. Hughes will not share any information from the interview that would allow me to identify you. This is being done to ensure complete confidentiality and hope that you provide honest response about what you perceived as positive and negatives of the CSTP-A. Gaining a deeper understanding of your experiences and perceptions will help us extract much needed constructive criticism to strengthen the program in the future. The data will also be submitted to a peer-reviewed journal for publication.

Please note that all the information gathered during the interview will remain confidential and only Dr. Hughes will have access to the interview transcripts.

**Risks**

This study presents the same level of risks as your participation in any phone conversation/interview.

**Benefits**

The information obtained from this study will assist us in determining the positive and negative aspects of the CSTP-A from a “consumer perspective.” An in-depth understanding of your experiences at the CSTP-A will help us make changes and strengthen the program in the future.

**Confidentiality**

All data gathered for this study will remain confidential. Only Dr. Hughes will have access to the interview transcripts. Any information from the interview transcripts that could potentially identify you will be removed by Dr. Hughes before sharing statements relevant to our study with me. All the data will be stored in a locked laboratory at Governors State University and only Dr. Hughes will have access to it.

**Participation**

By signing this consent form you indicate that you have read and agree to be interviewed by Dr. Hughes following your participation in the CSTP-A.

Please be assured that your information will remain strictly confidential.

You can choose to withdraw from this study at any time with no penalty for doing so. You can also choose to not answer any question(s) during the interview with no explanation or 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