**Principal Investigator**: Alisha S. Richmond Ph.D. CCC-SLP, Assistant Professor, Texas State University, Department of Communication Disorders (512-245-6175)

Dear Parent:

My name is Dr. Alisha Richmond and I am an assistant professor at Texas State University. You are being asked to participate in this research study because your child has received a diagnosis of a communication disorder or child is at risk for having a communication disorder. This study will train parents on strategies to increase the communication skills of young children with or at risk for communication disorders. The study will last for approximately 14 weeks. You will be asked to attend approximately eight visits to the Texas State University Speech and Hearing Clinic and participate in six video conferencing sessions. Four of the clinic visits will include you completing questionnaires concerning your child’s development, your child completing an evaluation, and you and your child being videotaped in daily occurring activities. The remaining clinic sessions and videoconferencing session will include therapy session on communication enhancing strategies. You will also have access to the information that we discuss during our clinic visit treatment sessions through online training guides.

Each participant will be loaned a laptop, laptop carry case, and a webcam. These items should only be used for the purpose of this study. Also these items should be returned to the primary investigator during your last clinic visit. The date of the last clinic visit will be provided by the primary investigator. This study was funded by the Texas Speech-Language-Hearing Association.

**Risks**

This study presents with the same level of risks as your participation in other parent training programs for children with communication disorders. This study should not expose participants to more stress that what they may experience on a daily basis.

**Benefits**

You and your child may benefit from involvement in this project in a number of ways. First we will provide each parent with the results of our assessments at no cost. Parents will also receive free training to enhance their children’s communication skills. Participants of this study will also receive three ten dollar gifts cards. You will be given a gift card (1) after the first clinic assessment, (2) after the sixth week of treatment, and (3) after all study materials are returned. The information from this study will also assist in providing more appropriate services to children and families.

**Confidentiality**

All records relating to this study will be handled and safeguarded according to standard clinical policy for all patient records. The results of the assessments will be kept for approximately 15 years. All participants will be given an identification code that does not contain personal information. Information concerning this study will only be reviewed by the primary investigator and a research assistant. The research assistant will only access the information from this study through the unique identification code.

**Participation**

Participation in this study is voluntary. You are free to decline from answering questions that you are not comfortable answering. You are also free to withdraw from this research study at any time without penalty from Texas State University or any other organization. Participants who withdraw from the study before the end date will not receive the remaining gift cards. The laptop, laptop carry case, and webcam should be returned to the primary investigator on the day that the participant decides to withdraw from the study.

Videotaping

You and your child will be videotaped by the primary investigator and a research assistant during the evaluation and treatment sessions. These videotapes will be kept by the primary investigator in a locked room and will be saved indefinitely. These videotapes will be accessible to research staff unless specified by your.

We may ask to use these segments of these videotapes for educational purposes; however, this is optional.

Results of the Study

Participants can receive a summary of the study’s results by request. If you would like to receive this summary, please complete this section of the consent form.

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 permission form, you are indicating that you have read this form and agree to have the information that you provide used for research purposes. If you have any questions about this study, please do not hesitate to call Alisha S. Richmond Ph.D. (512) 245-6175. 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 (512- 644-8633- lasser@txstate.edu) or Becky Northcut, Compliance Specialist (512-245-2102). You will be given a copy of this form for your own personal records.

**Consent to participate in this study**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read this form and give my permission to be included in this

Name (print clearly)

research study.

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

Signature of Participant Month Day Year

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

Signature of Researcher Month Day Year

**Consent to for Video Segments to be Used for Educational Purposes**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read this form and give my permission for video segments

Name (print adult’s name)

containing my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and myself be used for educational purposes.

Child’s Name (print child’s name)

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

Signature of Participant Month Day Year

**Request to Receive a copy of the Study Results**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to receive a hardcopy of the summary of the study after it’s

Name (print adult’s name)

completion. I do understand that the summary will be mailed to the address below.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would not like to receive a hardcopy of the summary of the study after its completion.