**Participant consent form**

**What are the reading difficulties of people who have autism?**

***Please tick your response in the appropriate box***

I have read and understood the attached participant information Yes No

leaflet for the above study.

I have had the opportunity to ask questions about the research. Yes No

I understand that I am free to withdraw from the study at any time Yes No

prior to the submission of this work for publication without

giving any reason and without any negative consequences.

If I decide to withdraw from the research process any information

I have given to the researcher will be destroyed and none of my

responses will be included in the research.

I understand that if I agree to take part in this research I Yes No

am agreeing to take part in a test, which involves reading

text samples or web pages and answering questions

related to the content of the texts or web pages.

I understand what an eye tracker is and I agree to have my eye Yes No

movements recorded by it.

I understand that any identifiable data will be anonymised and I give Yes No

permission for the research team to have access to my anonymised data

I agree to take part in this research study Yes No

|  |  |
| --- | --- |
| Name of Participant:  Phone number:  Email address:  Date:  Signature: | Researcher:  Date:  Signature: |