

Assent Form



Hi! My name is
Jennifer and I
work in UCC.

I have asked your parents and they said it is okay for you to talk to me.

I want you to help me with my work. I will meet you **2 or 3 times** and do some jobs together.



For the first day, we will do a number of things.

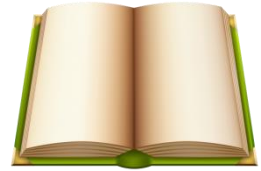
You will show me how good your hearing is.



I will look at your mouth and check your teeth, tongue and lips which are important for talking.



Then we will look at a picture book together and you tell me a story about what you see in the book.



At the end we will look at some pictures.
I will tell you something and you will point to the pictures and show me.



DAY
2

On the second day, we will look at pictures, make up some sentences and do some talking.
I might also need to look at your lips and tongue and voice some more.



DAY
3

The third time we meet, we will look at more pictures on a computer.



The computer will say something and you will have to point to pictures, or repeat what the computer says.







Each time won't take too long - not more than an hour. We will of course have some break time. If you want to stop, just say "Stop" and we can finish up.



Each time we will use a recorder to record our voices. I will listen to them again to help me do my work.



Now, if you are happy to take part in this activity, please put a tick in the boxes:

| | | |
|---|--|---|
| | | ✓ |
| 1. The research has been explained to me. |  | |
| 2. I understand what I will have to do and I am happy to do these jobs. |  | |
| 3. I understand we are going to meet 3 times to do these activities together. |  | |
| 4. I am happy for my voice to be recorded. |  | |
| 5. I understand that I can ask questions at any time. |  | |
| 6. I can decide to stop and finish. |  | |

Signature of Minor

Printed Name of Minor

Date

Witness to Assent:

I certify that I was present for the discussion and that the subject had an opportunity to ask questions, appeared to understand the information presented and agreed to participate voluntarily in the research.

Signature of Person
Witnessing Assent

Printed Name of Person
Witnessing Assent

Date