

Research Project Title: Profiling Receptive and Expressive Prosodic Skills in Children with Spina Bifida and Hydrocephalus

Consent Form for Parents of Children with Spina Bifida

1. I _____, consent to my child, _____, (D.O.B.: _____), who is attending the school _____, in class _____, and attending the clinic _____, participating in the above-mentioned study.
2. The purpose and nature of the study has been explained to me in writing.
3. My child is participating voluntarily.
4. I give permission for all research tasks administered to my child to be audio-recorded.
5. I understand that my child can withdraw from the study at any time, whether before it starts or while my child is participating.
6. I understand that anonymity will be ensured at all times and no identifying information will be mentioned (except the age, gender, and research task results) in any research output of this project (e.g. conference presentations, research papers).

Parent/Guardian Signature: _____

Name in Block Capitals: _____

Contact Number: _____ **Date:** _____

Please provide your correspondence address if you would like to receive a report summarising all your child's assessment results posted to you:

Address:
