

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

Consent Form for Parents of Typically Developing Children

1. I, _____, consent to my child, _____, (D.O.B.: _____), who is attending the school, _____, in class, _____, 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).
7. I understand that my child is participating as a typically developing child with no history of speech, language, hearing, learning and/or physical difficulty.

PTO→

Background Information

- A. My child has previously been referred for a learning, speech, language, hearing and/or physical difficulty

Yes ☐

No ☐

- B. My child has lived in Ireland for the last 3 years.

Yes ☐

No ☐

- C. My child has been exposed to the Irish-English language (English spoken with an Irish accent) at home and/or at school for 3 years?

Yes ☐

No ☐

- D. Please describe any other languages that your child is exposed to at home (apart from English), if any, and who they speak it with.

- E. Please describe the accents that your child is exposed to (i.e. spoken by your family/child-minder/teacher)

Possible examples: "my whole family and child's teacher have Irish accents"

"the child's father speaks with a Scottish accent and the rest of the family have Irish accents"

"I have an English accent, my partner has a French accent and the child-minder has a Polish accent"

Parent/Guardian Signature: _____

Name in Block Capitals: _____

Contact Number: _____ **Date:** _____

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

Address: _____
