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OFFICE USE ONLY:
Researcher taking consent:

Researcher signature:

Date:

PARENT/GUARDIAN CONSENT FORM

Visual comfort levels in autistic and non-autistic children

Part 1: Autistic and non-autistic children's ratings of images and videos

<i>Please tick the boxes to confirm that you agree with each statement:</i>	✓
I have read the information sheet about the study and discussed it with my child (if appropriate). I have had the chance to ask questions about the study. I am happy with how any questions have been answered.	<input type="checkbox"/>
I understand that taking part is my choice. I understand that my child and I can stop taking part at any time, without giving a reason and without any negative effects.	<input type="checkbox"/>
I understand that I can contact the researcher to discuss this study at any time. I understand how to raise a concern and make a complaint.	<input type="checkbox"/>
I understand who will have access to my information, how my information will be stored, and what will happen to it at the end of the project. I understand that anonymised information will be shared with other researchers who apply to use the data, so it can be of greater scientific benefit.	<input type="checkbox"/>
I understand that I can remove mine and my child's data before analysis begins, by contacting the researchers.	<input type="checkbox"/>
I understand that this project has been approved by the STEM Ethics Committee at the University of Birmingham	<input type="checkbox"/>
I agree for me and my child to participate in this study.	<input type="checkbox"/>
(Optional) Please tick the below boxes if you are happy for your contact details to be held on a secure database so that you can hear about future studies:	
from <u>the researchers named on the Information Sheet</u>	<input type="checkbox"/>
from <u>other researchers at the Centre for Developmental Science, University of Birmingham</u>	<input type="checkbox"/>

Name of child: _____ Male Female Other

(Forename) (Surname)

Name of parent/guardian (please print): _____

Parent/guardian signature: _____ Today's date: _____

My child has: a diagnosis of autism no diagnosed developmental conditions (please tick)

Child's date of birth: _____ School: _____

Contact phone: _____ Contact email: _____

Contact address: _____

Please return this form to the researcher. Thank you!