



OFFICE USE ONLY:  
*Researcher taking consent:*

*Researcher signature:*

*Date:*

## PARENT/GUARDIAN CONSENT FORM

### Visual comfort levels in autistic and non-autistic children *Autistic and non-autistic children's ratings of everyday images online*

<b>Please tick the boxes to confirm that you agree with each statement:</b>	✓
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 data analysis begins, by contacting the researchers.	<input type="checkbox"/>
I understand that this project has 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"/>
<b>(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:</b>	
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: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ School: \_\_\_\_\_

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

Contact phone: \_\_\_\_\_ Contact email: \_\_\_\_\_

**Please return this form to the researcher. Thank you!**

Contact address: \_\_\_\_\_