

Consent Form

Title: Systematic Removal of Activity Schedules to Maintain On-Task Behavior in Children with Autism

Participant name: _____

Principle Investigator:

(Name of Graduate Student)
(Mailing Address of Graduate Student)
(Phone number of Graduate Student)
(email of graduate student)

SAMPLE

Co-Investigator(s):

(only include your thesis chair; for example):

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Associate Professor of Psychology
Caldwell College
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Caldwell, NJ 07006
Office: (973) 618-3539
tsidener@caldwell.edu

1. **Purpose of the study:** The purpose of the study is to teach children with autism to play independently and to investigate if activity schedules can be a useful teaching tool to accomplish this goal.
2. **Description of the Project:**
 - a) **Selection of Subjects:** (Your child) was selected for this study because he/she a) attends the Institute for Educational Achievement b) has been diagnosed with autism and c) could benefit from a teaching procedure that may increase independent play
 - b) **General Experimental Procedures:** Each teaching session will occur daily for no more than 30 min. Each day your child will be presented with a variety of pictures telling he or she what toys or activities to play with. Throughout the research the pictures will be gradually taken away. The ultimate goal is that your child will play in the absence of the pictures. Your child will be given points for playing appropriately. These points can be exchanged for some of your child's favorite toys. Gradually, these points will be given less frequently. Eventually, no points will be given.
3. **Description of Foreseeable Risks:** During this study, your child will be removed from his/her classroom and peers for 30 min of the school day. At times, stereotypy will not be stopped, which may lead to increases in that behavior. This will occur during initial assessments and once every four days

Investigator's initials / faculty sponsor initials _____

Participant / guardian initials _____

during additional assessments. During all teaching sessions, however, the instructor will stop stereotyping. By stopping stereotyping and giving rewards for appropriate playing, it is likely that stereotyping will decrease during playtime by the end of the study. All other risks during this study are minimal and are the same as the rest of the school day.

4. **Benefits:** This study will provide information on how to teach children with autism to play independently. During the course of the study, your child will have individual one to one attention with an instructor to teach independent play. It is expected by the end of the study that your child will learn to play by him/herself with little stereotyping for at least a 10 min period.
5. **Confidentiality Statement:** All documents and information pertaining to this research study will be kept confidential in accordance with all applicable federal, state, and local laws and regulations. Data sheets will be coded so as to protect the confidentiality of the participants. All materials related to this research project will be locked in the office of either the principle investigator or the co-investigators. No one else will have access to these records. I understand that Caldwell College's Institutional Review Board, The Office of the Vice President and Dean of Academic Affairs, and the Office for Human Research Protections (OHRP), may review records and data generated by the study to assure proper conduct of the study and compliance with federal guidelines.

I understand that the results of this study may be published. If any data are published, I (or my child) will not be identified by name.

6. **Disclaimer / Withdrawal:** I understand that my (child's) participation in this study is entirely voluntary, and that refusal to participate will involve no penalty or loss of therapeutic benefits. I may discontinue my (child's) participation at any time without penalty or loss of therapeutic benefits.

7. **Institutional Contact:**

- a. Rights as a Research Subject: If I have any questions about my rights as a research subject, I may contact Patrick R. Progar, Chair of the Institutional Review Board, (973) 618-3919.
- b. Research related injuries: If I have any questions about *research-related injuries*, I may contact the Principle Investigator, (Name of Graduate Student) at (Graduate student telephone number) and/or the co-investigator Tina Sidener Ph.D., BCBA at (973) 618-3539

8. **Injury / Complications:**

9. **Costs Statement:** I understand that my child's participation in this study will not result in an increase of the standard length of time at IEA.

Investigator's initials / faculty sponsor initials _____

Participant / guardian initials _____

10. Final Statement and Signature: This statement has been explained to me, I have read the consent form and I agree to participate. I have been given a copy of this consent form.

I understand that if I wish further information regarding my rights as a research subject, I may contact the Chair of the Institutional Review Board of Caldwell College by phoning (973) 618-3919.

Participant's Signature	Printed Name	Date / Time
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Legal Guardian Signature	Printed Name	Date / Time
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Investigator's Signature	Printed Name	Date / Time
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Faculty Sponsor's Signature (If applicable)	Printed Name	Date / Time
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Investigator's initials / faculty sponsor initials _____

Participant / guardian initials _____