



Human Subject Informed Consent

Department of Communication Sciences and Disorders
208 E. Pine Knoll Drive, Health Professions, Rm. 302
Flagstaff, AZ 86001
(928) 523-3845

Project Title: The Use of Lexical-Phonological Profiling to Predict Short-term Speech Sound Normalization

Dear Parent/Guardian:

Your child is being asked to participate in a project conducted through the Department of Communication Sciences and Disorders at Northern Arizona University by Dr. Anna Sosa that involves research. The researcher is required to receive your consent before your child participates in this project.

This document will explain to you in detail: (1) the purpose of the project; (2) what your child will be asked to do and how long participation will last; (3) how personal information, if collected, will be kept confidential; (4) if your child will receive any compensation; (5) the possible benefits; and (6) potential risks for your child if he or she agrees to participate.

Your child's participation in research is voluntary. If you choose not to give consent for your child to participate, there are no penalties or loss of benefits or services that you or your child are otherwise entitled. If you decide to give consent and then change your mind or withdraw your child prior to completion of the research, there are no penalties or loss of benefits or services. Regardless of whether you give consent or your child agrees or disagrees to take part in this research, there will be no effect on your relationship with NAU now or in the future.

A basic explanation of the project is written below. Please read this explanation and discuss it with your child. If you need more information, you may contact **Anna Sosa** at the phone number and email address below.

If you decide to allow your child to participate in the research, please sign on the last page of this form and return the last page to the researcher conducting the data collection session. Keep the rest of this form for your records. Once the researcher has your signed parental consent, your child will be invited to take part in the research. The researcher conducting the session will explain the study to your child and answer any questions he or she may have. If your child agrees to participate, he or she may be asked to sign a Child Assent Form before taking part in the research study.

1. PROJECT PURPOSE:

The purpose of this project is to help us better understand the relationship between vocabulary development and speech sound (articulation) development in young children and to determine whether we can use this information to make better decisions about which children may need speech therapy and which children do not.



2. EXPLANATION OF PROCEDURES:

All participating children will participate in one data collection session lasting approximately 1 hour. This will occur in a clinic room, classroom, or office at Northern Arizona University or the North Valley branch campus in Phoenix or in a classroom or office at your child's preschool or daycare center. You may choose the location that is most convenient for you. At the beginning of the session you will be asked to complete a brief demographic questionnaire that will include racial and ethnic information, educational level of the parents, and previous health and developmental information about your child.

During the session, three standardized tests of vocabulary and articulation will be administered directly to your child; these tests involve naming pictures and pointing to pictures that are named by the researcher. Each session will be audio-recorded for later analysis. After the session, the tests will be scored and information will be shared with parents via telephone.

Those children who receive scores which may indicate a delay in speech development will be invited to participate in a follow-up study. The follow-up study will include two additional data collection sessions 6 months and 1 year after the initial session. These sessions will last approximately 1 hour each. Procedures during these follow-up sessions will include administering the same three standardized tests of language and articulation, a brief screening of oral-motor function (ability to imitate specific speech sounds and mouth movements), a non-verbal cognitive assessment (your child will be asked to point to the picture that doesn't go with a set of pictures) and the recording of a spontaneous language sample that will be collected during approximately 10 minutes of play with age-appropriate toys while interacting with the researcher. During follow-up sessions, parents will also be asked to provide information about any speech or language therapy their child may have received since the initial session.

3. CONFIDENTIALITY:

All identifiable information will be kept securely in a locked cabinet in the locked Child Language Lab. Only individuals who are directly involved with the research project will have access to the lab. Your child will be assigned a participant number and that number will be used to label all information that is associated with your child. After data analysis is completed, all identifiable information (name, age, contact information) will be destroyed and only your child's participant number will be used to identify data that is kept. The audio recordings will be kept for 3 years after completion of the study and will then be destroyed. In publications and during presentations, data will be presented only in a de-identified format.

4. COMPENSATION:

Parents will receive \$20 upon completion of each data collection session. Parking permits for parking at the NAU Flagstaff campus will be provided and parking at the NAU North Valley location is free. No other transportation costs will be provided.

5. BENEFITS:

Parents will receive information about their child's vocabulary and speech development and will receive counseling about available resources if a delay is suspected. Benefits to society in general may include advancing our knowledge in the area of speech and language development, which may help us to better diagnose and treat children with speech and/or language disorders.



6. RISKS:

Potential risks to your child include anxiety or fear associated with being in an unfamiliar environment and with unfamiliar people. In order to minimize this risk, you will have the option to remain with your child in the clinic room during study procedures, and your child will be given snack, play, or toilet breaks as needed. If your child is very upset and does not wish to continue, they may stop at any time. If this happens, you will still receive the \$20 compensation. Another potential risk is loss of confidentiality if consent forms and/or data sheets are inadvertently revealed. Security procedures, which include de-identification of all data sources, limiting access to research materials by keeping materials stored in a locked cabinet in a locked room, and destroying all identifiable information after data analysis is complete, are in place to minimize this risk.

The dated approval stamp in the header of this consent form indicates that this project has been reviewed and approved by the Northern Arizona University Institutional Review Board (IRB) for the Protection of Human Subjects in Research. Contact the Human Research Protections Office at 928-523-4236 if you have any questions about: (1) the conduct of the project, or (2) your rights as a research participant, or (3) a research-related injury. Any other questions about the research project should be directed to:

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IF YOU CONSENT TO ALLOW YOUR CHILD TO PARTICIPATE, PLEASE COMPLETE THIS PAGE AND RETURN IT TO THE INVESTIGATOR.

KEEP THE REST OF THIS FORM FOR YOUR RECORDS.

CONSENT:

I have read the above information about **The Use of Lexical-Phonological Profiling to Predict Short-term Speech Sound Normalization** and have been given an opportunity to ask questions. I give my consent for my child to participate in this research project, and I have been given a copy of this consent document.

I agree to be audio recorded for this research. YES NO

Print Name of Child

Signature of Parent/Guardian

Date _____

Printed Name of Parent/Guardian