(PRINT ON UNL LETTERHEAD)

CHILD ASSENT FORM
IRB # __________

ASSESSING THE IMPACT OF SPEECH RATE AND
PERFORMANCE IN DYSARTHRIC SPEAKERS

We would like to invite you to take part in this study. We are asking you because you have difficulty speaking.

In this study we will try to learn more about how changing the speed at which you speak affects the way you and other people speak. To do the study we will place a small mask over your nose, but you will be able to breathe without any problem. We will also put a small plastic tube in your mouth. We will then ask you to speak at different speeds while you repeat words such as “Buy Bobby a Puppy”. We will also make a tape recording of your speech.

The mask over your nose and the tube in your mouth will not hurt or even be uncomfortable for you. The reason we are doing this study is that it is possible that this study may help you and other people to speak more clearly.

Your parents will also be asked to give their permission for you to take part in this study. Please talk this over with your parents before you decide whether or not to participate.

You do not have to be in this study if you do not want to. If you decide to participate in the study, you can stop at any time.

If you have any questions at any time, please ask one of the researchers.

IF YOU SIGN THIS FORM IT MEANS THAT YOU HAVE DECIDED TO PARTICIPATE AND HAVE READ EVERYTHING THAT IS ON THIS FORM. YOU AND YOUR PARENTS WILL BE GIVEN A COPY OF THIS FORM TO KEEP.

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Signature of Subject

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Signature of Investigator

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Date

______________________________
Date

INVESTIGATOR
Dr. Mike W. Robinson   Office: 472-1000