

**(PRINT ON UNL LETTERHEAD)**

**PARENTAL INFORMED CONSENT FORM**

**IRB # \_\_\_\_\_**

**ASSESSING THE IMPACT OF SPEECH RATE AND  
PERFORMANCE IN DYSARTHIC SPEAKERS**

You are invited to permit your child to participate in this research study. The following information is provided in order to help you to make an informed decision whether or not to allow your child to participate. If you have any questions please do not hesitate to ask.

Your child is eligible to participate in this study because your child has a neurologically based speech disorder called dysarthria and is under the age of 19. Your child will also be asked if he/she is willing to participate.

The purpose of this study is to investigate how changes in speech rate affect the function of the soft palate during speech. The soft palate is the back of the roof of the mouth.

This study will take approximately one hour of your child's time. This study will be conducted at the Barkley Center. In order to assess soft palate function during speech we will place a small nasal mask over your child's nose. Your child will be able to breath through this mask at all times. We will also place a small plastic tube at the corner of their mouth. When your child speaks at various rates by repeating word strings such as "Buy Bobby a Puppy" we will measure air pressure in the mouth and the amount of airflow through the nose. This information, in turn, will allow us to assess the functioning of the soft palate. We will also make an audio tape recording of your child's speech. All of these measures are considered routine clinical procedures.

There are no known risks associated with this research.

As a result of participation in this research, it is possible that your child may learn to speak more clearly by controlling the rate of their speech. The information obtained from this study may help us to better understand the impact of speech rate on the functioning of the soft palate during speech.

Any information obtained during this study which could identify your child will be kept strictly confidential. The audiotapes will be kept in a locked file in the investigator's office for 3 years and then will be erased. The information obtained in this study may be published in scientific journals or presented at scientific meetings, but your child's identity will be kept strictly confidential.

Your child's rights as a research participant have been explained to you. You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study. Or you may call the investigator at any time, office phone, (402) 472-xxxx, or after hours (402) xxx-xxxx. Please contact the investigator:

- if you want to voice concerns or complaints about the research
- in the event of a research related injury

Please contact the University of Nebraska-Lincoln Institutional Review Board at (402) 472-6965 for the following reasons:

- you wish to talk to someone other than the research staff to obtain answers to questions about your rights as a research participant
- to voice concerns or complaints about the research
- to provide input concerning the research process
- in the event the study staff could not be reached,

Participation in this study is voluntary. You are free to decide not to enroll your child in this study. You can refuse to participate or withdraw your child at any time without harming their or your relationship with the researchers or the University of Nebraska-Lincoln, (or other institutions or organizations), or in any other way receive a penalty or loss of benefits to which you are otherwise entitled.

### **DOCUMENTATION OF INFORMED CONSENT**

**YOU ARE VOLUNTARILY MAKING A DECISION WHETHER OR NOT TO ALLOW YOUR CHILD TO PARTICIPATE IN THE RESEARCH STUDY. YOUR SIGNATURE CERTIFIES THAT YOU HAVE DECIDED TO ALLOW YOUR CHILD TO PARTICIPATE HAVING READ AND UNDERSTOOD THE INFORMATION PRESENTED. YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**IN MY JUDGEMENT THE PARENT/LEGAL GUARDIAN IS VOLUNTARILY AND KNOWINGLY GIVING INFORMED CONSENT AND POSSESSES THE LEGAL CAPACITY TO GIVE INFORMED CONSENT TO PARTICIPATE IN THIS RESEARCH STUDY.**

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

### **IDENTIFICATION OF INVESTIGATORS**

#### **PRIMARY INVESTIGATOR**

Mike M. Robinson, PhD      Office: 472-1000