

ASSENT FOR CHILDREN TO PARTICIPATE IN A RESEARCH PROJECT ENTITLED:

**VALIDATING ADVANCED SIGNAL PROCESSING
IN CHILDREN WITH HEARING LOSS:
AUDITORY LEARNING**

Child's First Name	Middle Initial	Last Name
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We (the staff of the Pediatric Amplification Lab) would like to ask you to be in our study about hearing aids. We are trying to find out what kind of hearing aids help children to learn in school.

We have already spoken to your parents and they have given you permission to be in this study.

Whenever you have any questions, you can ask your parents or another adult.

While you're here, you will be asked to use a computer game to learn new words. The words are the names of toys or characters. Some of the words may be hard to learn and others may be easy. We just want you to do your best.

This study will take about two hours. For being in our study, you will earn \$15 per hour.

When we're finished testing all of the children, we hope to know more about the kinds of hearing aids that help children learn.

You do not have to be in this study. In fact, if you start but want to stop later on, you may do so at any time. Just tell your parents or another adult.

If you sign your name on this form, it means that you have decided to be in our study and that you understand everything explained to you. We will give a copy of this form to your parent/guardian to take home.

Signature of child

Date

I have discussed with this child, and the child's parent/guardian, the procedure(s) described above and the risks involved. I believe he or she understands the content of this form.

Signature of researcher administering this assent

Date