

**PARENT/GUARDIAN PERMISSION FOR A MINOR (LESS THAN 18 YEARS OF AGE)
TO PARTICIPATE IN A RESEARCH PROJECT ENTITLED:**

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

Andrea Pittman, Ph.D., Assistant Professor in the Speech and Hearing Science Department of the College of Liberal Arts and Sciences at Arizona State University has invited your minor child's participation in a research study at this institution.

Child's First Name

MI

Last Name

DESCRIPTION OF RESEARCH STUDY: Through this study we hope to better understand the types of hearing aid feature that optimize a child's ability to learn. This information will help us to improve our methods of fitting children with hearing aids.

This experiment will require 1 session that will last no more than 2 hours. The study will include the following standard clinical procedures:

1. **Standard Hearing Test** (pure-tone audiometry): This test will measure how well your child can hear. Tones will be presented through earphones and your child will indicate when he/she hears them.
2. **Acoustic Immittance Test** (tympanometry): This test tells us how well your child's middle ear works. During the test, a small earplug will be placed in each ear. All he/she has to do is sit quietly during the test which lasts less than 1 minute per ear.

In addition to the standard clinical procedures your child will be asked to do the following during the experiment:

1. **Listen and learn words presented in a background of static noise.** The noise will remain at a constant level throughout the test and is comparable to the level of several voices talking normally at the same time (as in a restaurant). At no time will the level of the noise exceed your child's comfort level. The words will be presented at a level just above the noise throughout the test. Your child will be instructed to select one button (among several) on a computer screen during the testing.
2. **Answer questions about hearing loss and/or hearing aid use (if applicable).** If your child has a hearing loss, you will be asked about the age at which his/her hearing loss was identified and how long they have been wearing hearing aids (if applicable).

POTENTIAL RISKS: There are no known risks for participating in any of these procedures. None of the sounds will be loud enough to damage hearing. However, because your child will be asked to complete two tasks simultaneously, he/she may find that the combination of tasks is not easy and may require some effort to perform well.

Also, the results of the research study may be published, but your child's name or identity will not be revealed. In order to maintain confidentiality of your child's records, all data files associated with your child will be assigned a unique identifier (usually a three letter sequence). These files will be saved in password protected files on a server housed in the department. The files will be stored there indefinitely.

BENEFITS: As part of this project, your child will receive one or more hearing tests at no cost to you. If we discover any health-related findings, we will report them to you and send that information to your child's doctor with your written permission.

CONFIDENTIALITY: All information obtained in this study is strictly confidential unless disclosure is required by law. The results of this research study may be used in reports, presentations, and publications, but the researchers will not identify you. In order to maintain confidentiality of your records, Dr. Pittman will assign a unique identifier (code) to each child that will be used on all forms and computer files. A master list linking the children to their research files will be kept indefinitely in the event you would like copies of your child's test results in the future.

RIGHT TO WITHDRAW: *If you choose to withdraw your child from the study, you may do so at any time. It will not affect your child's care in any way or his/her eligibility to participate in future studies. Likewise, if your child chooses to withdraw from the study, he/she may do so at any time. There will be no penalty.*

COSTS AND PAYMENTS: Your child will be paid \$15 per hour for his/her participation.

COMPENSATION FOR ILLNESS AND INJURY: Agreeing to your child's participation does not waive any of your legal rights. However, no funds have been set aside to compensate you in the event of injury. In the event that your child suffers harm as a result of participation in this research project, you may contact Dr. Andrea Pittman at (480) 727-8728 or you may contact the Chair of the Human Subjects Institutional Review Board through the Research Compliance Office at (480) 965-7778.

VOLUNTARY CONSENT: By signing this form, you are saying 1) that you have read this form or have had it read to you, 2) that you are satisfied you understand this form, the research study, and its risks and benefits, and 3) that you allow your child to participate in this study. The researchers will be happy to answer any questions you have about the research. If you have any questions, please feel free to contact Dr. Andrea Pittman at (480) 727-8728.

Your name (please print)

Signature

Date

If you have any questions about your rights or this form, please call the Chair of the Human Subjects Institutional Review Board through the Research Compliance Office at (480) 965-7778. A copy of this form will be provided to you for your records.

INVESTIGATOR'S STATEMENT: I certify that this form includes all information concerning the study relevant to the protection of the rights of the participants, including the nature and purpose of this research, benefits, risks, costs, and any experimental procedures.

I have described the rights and protections afforded to human research participants and have done nothing to pressure, coerce, or falsely entice the parent to allow this child (ward) to participate. I am available to answer the parent's questions and have encouraged him/her to ask additional questions at any time during the course of the study.

Investigator's

Signature

Date