



## Consent for Participation

First paragraph: *Brief explanation of the phenomena or treatment under investigation, it's purported benefit, and the reason why additional experimentation is needed. Include a purpose statement. Language must be at a third-grade level.*

I believe \_\_\_\_\_ would be a good candidate for this study, and that he/she could gain more independence through participating. None of \_\_\_\_\_'s personal or identifying information will be included in any publication of data from this study. If you approve of \_\_\_\_\_'s participation, please sign below and return to the study's lead researcher INSERT LEAD RESEARCHER'S NAME, CREDENTIALS, AND EMAIL.

I, \_\_\_\_\_, hereby consent to \_\_\_\_\_'s participation in the study on [INSERT TOPIC OF STUDY], and the use of unidentifiable data collected in the study in potential future publication.

LEAD RESEARCHER has described the study's purpose and procedures in this written material and by answering my questions. He has explained to me that data generated by my child's clinical team at Glenwood, Inc. will be used. I understand that my decision to allow, or disallow, the use of data from my child's records will not be shared and does not pose any foreseeable risks to my child. I also understand that my child's identity will be kept confidential in any presentation or publication of the data from this study.

I further understand that:

1. Further discussion of the use of my child's data will be welcomed.
2. There will be no penalty for my refusing to allow the use of my child's data, and this action will have no effect on my job status or my child's status at Glenwood, Inc.
3. Results of the study will not be made available to any outside individual or agency unless such release of information is requested by me. Should these research results be published, the participant's identity will be concealed.
4. LEAD RESEARCHER (NAME AND PHONE) or HIS supervisor, Mary-Kate Carey, (205) 970-1263 agree to answer any and all inquiries concerning the study.
5. A copy of this consent form has been provided to me.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to participant (please circle):      Custodial Parent      Legal Guardian

# GLENWOOD

*A Continuum of Care*

## Assent from Participant

For individuals who can understand language and sign their own name:

I want to work with FIRST NAME OF LEAD RESEARCHER or his helper about SIMPLE DESCRIPTION OF TASK. I know I will be asked to TARGET BEHAVIOR. I know I can stop anytime I want. I know the study may help me or may help other people.

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

For individuals who can understand language but cannot sign their name:

I want to work with FIRST NAME OF LEAD RESEARCHER or his helper about SIMPLE DESCRIPTION OF TASK. I know I will be asked to TARGET BEHAVIOR. I know I can stop anytime I want. I know the study may help me or may help other people.

If you agree, please say yes.

Witness: \_\_\_\_\_

For individuals who can understand language, but cannot speak:

I want to work with FIRST NAME OF LEAD RESEARCHER or his helper about SIMPLE DESCRIPTION OF TASK. I know I will be asked to TARGET BEHAVIOR. I know I can stop anytime I want. I know the study may help me or may help other people.

If you agree, please nod your head or please sign yes.

Witness: \_\_\_\_\_

For individuals who cannot understand language:

Any participant who indicates that they do not want to participate by, for example, getting out of their chair and walking away, engaging in problem behaviors: making a certain sound or face, etc. will not be required to participate.