



CONSENT FORM

Evaluation of a Deductive Approach to Teach Grammatical Forms to Children with Autism Spectrum Disorder

You and your child are invited to participate in a research study about how children respond to two different approaches to teach grammatical forms. You have been asked to participate because your child is still in the process of learning language. This study will include 40 children between the ages of 4 and 9 who have autism spectrum disorder and are having trouble learning language along with one of their primary caregivers. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Lizbeth H. Finestack, Ph.D., CCC-SLP in the Department of Speech-Language-Hearing Sciences at the University of Minnesota (phone: 612-624-6090; email: finestack@umn.edu).

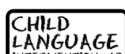
Background Information

The purpose of the research is to learn how children who have difficulty learning language forms respond to a “learn the rule” teaching approach. When using this approach, grammatical forms are taught by directly telling the learners the pattern or rule that the sentences follows. For example, if teaching the past tense, after the child’s incorrect use of the past tense form, the teacher first would tell the child “Whenever you talk about something that has already happened, you have to put the “t” or “d” sound on the action word. Listen....jumpED...cleanED.” Then, she would model the correct form for the child. Typically, when teaching language to children, teachers don’t tell them these rules. Instead, they use a “learn-by-example” approach, in which language forms are taught by having the learner listen to many models of the correct forms after incorrect productions. For example, if teaching the past tense, and the child said, “Look! The frog just jump,” the clinician would present the child with a corrected model such as “Yeah, the frog just jumpED.”

“Learn the rule” approaches have been found to be more effective than “learn-by-example” approaches in small-scale studies. The current study aims to verify these results with more children.

Procedures

If you decide to participate in this research, your child will be asked to complete (a) 2-3 45-min assessment sessions; (b) 5 45-min baseline sessions, (c) up to 60 30-min intervention sessions, and (d) 3 (1 week, 2 week, and 1 month post intervention) 30-min follow-up sessions. We



would like to complete 2-3 sessions per week with all of the sessions completed within 9 months. The assessment sessions will take place at the Child Language Intervention Lab at the University of Minnesota. The study remaining sessions will take place at your child's school before or after school hours, home, daycare, or other location of preference.

Assessment Sessions: During the assessment sessions, we will assess if your child qualifies for the study. To qualify for the study, your child must have difficulty with language learning and must not have severe problem-solving difficulties. Also, your child must be able to complete all of the assessment measures. We will complete the main assessment measures during the first two sessions. Some of the remaining assessments may be completed during the baseline sessions. If early testing reveals that your child does not qualify for the study, we will discontinue testing.

Your child will be given several different language tests and a problem-solving test. Your child's hearing will be tested. We also will record samples of your child's language. These tests are commonly used with children. You will be asked to complete questionnaires about your child and family. Some children will receive scores on some of the tests that may suggest that this study is not appropriate for them. These children will not be asked participate in the rest of the study. We will be happy to give you the results of the testing, even if your child does not qualify for the study. We will tell you 1-2 days after testing whether your child qualifies for the study.

Based on your child's performance on these tests, will we identify grammatical forms to target in the intervention sessions. If your child is currently enrolled in speech-language services, we will not ask you to modify your involvement in your child's current services. We will ask you have your child's speech-language service provider(s) complete a form describing your child's current services.

Intervention Sessions: During the intervention sessions, your child will engage in two types of activities. The first activity is a story activity in which the clinician will provide examples of your child's targeted grammatical forms in story contexts. The clinician will animate the stories using small toys. The clinician will not ask your child to attempt to produce targeted forms during this activity. The goal of the activity is for your child to hear several models of the targeted forms.

The second activity is a play activity in which the clinician will give your child the opportunity to play with the same toys that she used in the story and enact actions included in the story. The goal of the activity is for your child to have several opportunities to use the targeted forms. Immediately after each of your child's attempts or correct productions of the target form, the clinician will model the targeted form using the action word produced by your child. In some cases, the clinician will provide the explicit rule guiding the use of the targeted form.

Baseline and Maintenance Sessions: The baseline and maintenance sessions will include activities identical to those used in the intervention sessions. The only difference is that during the play activities, the clinician will not give any models of the targeted forms. Also, the clinician will not provide any explicit rules.

If during any of the sessions your child appears to lose interest in the tasks and becomes disruptive or uncooperative, the researcher will end the session. You will have the option to either reschedule the session or discontinue participation, with no negative consequence.

Your child will be audio and video taped during each of the sessions. Only Dr. Finestack and other research staff associated with this project will have access to the audio and video recordings. The recordings will be used to code your child's responses for research purposes. The recordings will be destroyed five years after the last publication associated with this study.

Risks and Benefits of being in the Study

There are no direct benefits to participation in this research. Techniques used in the current study have been shown to yield gains in the development of children's language. One of the treatments will use current practice standards, the other approach will use a nontraditional approach likely to yield stronger outcomes. Your child will receive additional services and may experience gains in their use of grammatical forms.

Participation in this study involves no unusual risks to you or your child. You or your child may become bored or frustrated and may feel uncomfortable answering some of the questions at times during the sessions. You and your child are encouraged to take breaks, as needed, and skip tasks, if desired. You or your child will not directly benefit from participating in this study. Information gained in this research study will be used to develop other studies focusing on language teaching in children with language learning problems. This information could be important in the development of new language teaching strategies for children with language impairment.

Compensation

You will be compensated a maximum of \$100 if your child qualifies for the study and completes each of the study sessions. Participants will be paid \$10 after completing the qualifying assessment sessions; \$35 after completing the baseline and 30 treatment sessions; \$30 after completing final 30 treatment sessions; \$5 after completing the 1-week follow-up session; \$10 after completing the 1-month follow-up session; and \$10 after completing the 2-month follow-up session. If you do not complete all of the sessions, you will be compensated only for the sessions completed. Your child will receive a small reward toy at the end of each session.

Confidentiality

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a participant. Research records will be stored securely and only researchers will have access to the records, including video and audio data. All files will be kept for five years after the last publication associated with this study.

Voluntary Nature of the Study

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with your child's speech-language pathologist or the University of Minnesota. If you decide to participate, you and your child are free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions

The researcher conducting this study is Lizbeth H. Finestack, Ph.D., CCC-SLP from the Department of Speech-Language-Hearing Science at the University of Minnesota (phone: 612-624-6090; email: finestack@umn.edu). If you have any questions, **please** contact Dr. Finestack at any time.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; 612-625-1650.

You will be given a copy of this information to keep for your records.

Statement of Consent

I have read the above information. I have asked questions and have received answers. I **consent** to participate in the study.

Guardian Name: _____

Child's Name: _____

Phone: _____

E-mail Address: _____

Mailing Address: _____

Signature of Parent or Guardian

Date

(Minors are involved)

Signature of Investigator

Date

 I have read the above information. I **do not consent** to participate in the study at this time, but would like to receive for more information about the study.

Guardian Name: _____

Child's Name: _____

Phone: _____

E-mail Address: _____

I have read the above information. I **do not consent** to participate in the study at this time.



ADDITIONAL RESOURCES

If you have concerns regarding your child's speech or language development now or in the future, we encourage you to contact your local school district. Other resources that may of benefit to you are listed below:

Julia M. Davis Speech-Language-Hearing Center

Speech-Language-Hearing Sciences Department
115 [Shevlin Hall](#), 164 Pillsbury Dr SE, Minneapolis, MN 55455
Phone: 612-624-3322
Fax: 612-624-7586
Email: slhs@umn.edu

Minnesota Speech-Language-Hearing Association (MSHA)

1821 University Avenue West, Suite S256
St. Paul, MN 55104
Phone: 651-999-5350
Email: office@msha.net

OPTIONAL

Audio & Video Consent Form
Evaluation of a Deductive Approach to Teach Grammatical Forms to
Children with Autism Spectrum Disorder

The audio and video we collect during the tasks your child completes as part of this study are helpful in teaching future clinicians and practitioners. We may wish to present some of the tapes from this study in scientific presentations or as demonstrations in classrooms. No identifying names of people or places will be included in the files presented.

*Whether you agree or do not agree to use audio and video recordings in the study will not affect your or your child's participation in the main study in any way. Please sign below **if you agree** that segments of the recordings made as part of this research may be used in educational settings and/or conference presentations, such as the education and training of future researchers/practitioners.*

Printed name of **parent** or guardian: _____

Signature of **parent** or guardian: _____

Date: _____

Name of **child**: _____ Birth date: _____

OPTIONAL

Consent to Contact Form

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We may be conducting other studies involving children with language learning difficulties in the future. Please let us know if you would like to be contacted in the future regarding another study that may be appropriate for your family. We will keep your contact information for no longer than 5 years and will not share your information with any other parties.

Whether you agree or do not agree to be contacted in the future will not affect your or your child's participation in the main study in any way. Please sign below **if you agree** to be contacted in the future by research staff from Dr. Finestack's Child Language Intervention Laboratory at the University of Minnesota.

Printed name of **parent** or guardian: _____

Signature of **parent** or guardian: _____

Date: _____

Name of **child**: _____ Birth date: _____

Contact Information:

Mailing Address: _____

Email: _____ Phone: _____