



CONSENT FORM

Metalinguistic Awareness Skills of Children with Language Impairment

Your child is invited to participate in a research study focused on better understanding the metalinguistic skills of children with language impairment. The study is for children between the ages of 4 years and 7 years, 11 month who have been identified as having a language disorder. This study will include 50 children currently in preschool through first grade, who have been identified as having a language disorder and who speak English. 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

Metalinguistics is the ability to think about and reflect on language. Metalinguistic skills are related to language development such that children with strong metalinguistic abilities tend to be children with strong language skills. Relatively little is known regarding the metalinguistics skills of children who are having trouble learning language and how these skills relate to their cognitive and language abilities. Therefore, the purpose of this study is to better understand the metalinguistic skills of children with language impairment. Information from this study will be used to design interventions for children having trouble learning language.

Procedures

If you agree for your child to be in this study, we will ask you to complete several short surveys about your child and your family. Your child will be asked to complete assessments of problem-solving, vocabulary, grammar, and language knowledge. Some of these assessments will be presented using an iPad; all are assessments commonly used with children.

We will also ask your child to wear a heart-rate monitor during the assessments. You have the option to not have your child wear the monitor. Your child may still participate in all other study tasks and be compensated.

The study session may take place at your child's school (before or after school hours), the Child Language Intervention Lab at the University of Minnesota, a public location such as a library, your home, or another location convenient for you that is within 20 miles of the University of Minnesota, Twin Cities Campus. The study should require no more than 1.5 hours of your time.

Your child will be audio- and/or video-recorded during the session. 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 15 years after the enrollment of the last study participant.

Benefits and Risks of Being In the Study

There are no direct benefits to participation in this research study. Information gained in this research study inform other studies focused on language learning. This information could be important in the development of new language teaching strategies for children with language impairment.

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.

Compensation

At the end of the session, your child will receive a \$10 Target gift card.

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. Study data will be encrypted according to current University policy for protection of confidentiality. All files will be kept for 15 years after enrollment of the last study participant.

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 the University of Minnesota. If you decide to participate, you and your child are free not to answer any question or withdraw at any time without affecting those relationships. If you choose to withdraw from the research, you have the option to have your child's video and audio recordings destroyed.

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.

Printed name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

Contact information:

Phone: _____ Email: _____

Name of child: _____

Child's birth date: _____

Signature of Investigator: _____

Date: _____

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

Printed name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

Contact information:

Phone: _____ Email: _____

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 be 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
Metalinguistic Awareness Skills of Children with Language Impairment

Thank you for your support of our study. The audio and video we collect during the tasks your child completes 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
Metalinguistic Awareness Skills of Children with Language Impairment

We may be conducting a follow-up study. Please let us know if you would like to be contacted in the future regarding this study or 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: _____

Other Children You Would Like Us to Consider for Future Studies:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____