

**CONSENT FORM - SleepSmart**

*Please tick the box to indicate agreement with the following statements*

1. I have read and understood the information booklet. I have had the opportunity

to ask questions and have had any queries answered satisfactorily.

1. I understand that my child’s participation is voluntary and I am free to withdraw

my child from the study at any time, without giving any reason.

1. I give permission for my child to take part in this study.
2. I know that information obtained will be strictly confidential and anonymised.
3. I agree to parts of the assessment sessions with my child being audio

Recorded, and I understand that these recordings will be stored securely

and disposed of 10 years after the project ends.

1. I agree to parts of the assessment sessions with my child being video

recorded, and I understand that these recordings will be stored securely

and disposed of 10 years after the project ends.

1. I would like to take part in a follow up assessment for the SleepSmart

study in the future.

1. I am happy to be contacted about future research studies.
2. During the study a series of assessments will be completed with your child and we will also ask you to complete some questionnaires about your child. You are able to receive feedback on these if you wish. Please indicate below which measures about your child you **would** like to receive feedback on. Please tick as applicable:
   1. standardised cognitive assessments
   2. sleep monitoring equipment
   3. the ADOS

Please be aware that all data is from a one-off research study rather than an in depth clinical assessment, and therefore cannot be used for diagnostic purposes.

Name of Child.............................................................Date of Birth................................................

Name of School...........................................................................................................................

Name of Parent/Guardian………………………………………Relationship to child ………………………………….

Email:.…………………………………………………………………………………………............................................

Address: ………………………………………………………………………………………...........................................

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Telephone Number: ………………………………………………………………………………………........................

Signature of Parent/Guardian……………………………………………...........Date.....................................