

## **Anatomic-Acoustic Correlates of the Developing Vocal Tract: An Imaging and Acoustic Study**

Child's Assent Form

Imaging, Speech Sample & Acoustic Reflection Technique

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*To be read and initialed/signed by typically developing children ages 7-14 and those with atypical development ages 7-17. The examiner may read the form to young children or those with atypical development.*

We are doing a research study. A research study is a way to find out about something. We are inviting you to be in a research study to learn more about children's speech and voice. We want to know how your speech sounds change as people grow older and as they age. We also want to know how the shape of the vocal tract changes as people grow. You are being asked if you want to be in this research study because you are a child whose voice can be recorded.

If your doctors have already decided to take special pictures of your head and neck then we will look at those pictures to make measurements. They call this an imaging study (CT or MRI).

### **What will I need to do if I am in this study?**

- 1) Check your hearing as part of the research study. You will be asked to listen to some beeps wearing headphones in a quiet research room.
- 2) Record your voice on a recorder while you are sitting up and possibly also while lying down. We will show you some pictures and ask you to name the item in the picture. If you don't know the name of the item in the picture, we can help you because it's not a test. We are also going to ask you to say some short sentences into the tape recorder and hold out some sounds, like "ee" and "ah." You will need to stay still during this and you might feel a little funny about having your voice recorded, but no one who listens to the recording will know your name. The recording will take about 30 minutes. Each recording takes about 3 seconds.
  - Check this box if it is okay with you to be recorded.
  - Check this box if it is **not** okay with you to be recorded
- 3) Ask you to breathe into a tube that is hooked up to a computer while you are sitting up and possibly also while lying down. The tube and computer will tell us how big your mouth and throat are after you breathe into it. The tube is clean. It is totally cleaned up and purified every time a person does this. We will ask you to take a deep breath while your mouth is around the tube and then hold your breath for about one second while we hit a button to start recording. Then you will start breathing out into the tube and hear some clicking sounds while you are breathing out. You will have to stay very still during this part. We may also record your breathing while you are lying down if you are okay with this. If you do not feel comfortable lying down, you do not have to do that part.

If you have fun doing this study, you can choose to come back again until you are 18 years old, or until you don't want to do the study anymore, or until our study is done.

**Can I stop being in the study?**

You can choose to stop doing this study at any time. You can take as many breaks and at any time if you need one.

**Will anything bad happen to me if I am in the study?**

We do not expect anything bad to happen during this research study. However, you might feel nervous or uncomfortable during the study.

When we record your voice on a recorder you might feel a little funny while you talk into the microphone. Sometimes, we might record your voice when you lay down and this might make your feel nervous.

When you breathe into a tube that is connected to a computer you might feel a little anxious. Sometimes, we might ask you to lay down and this might make your feel nervous. When the computer makes a clicking sound that might bother you if you have sensitive ears.

We will do our best to help you feel comfortable during the study. Your parent/guardian can stay in the room the whole time.

**What good things might happen to me if I am in the study?**

We do not think being in this study will help you. You may feel good knowing that what we find out from this study may help other people someday.

**Will I be given anything for being in this study?**

If you decide to be in this study, you will be given a check for \$15 dollars for recording your voice. You would be given \$10 for breathing into the tube connected to the computer and you would be given \$10 for sharing special pictures of your head/neck.

**Will anyone know I am in the study?**

When we are finished with this study we will write a report about what was learned. This report will not include your name or that you were in the study.

**Who can I talk to about the study?**

If you have any questions about the study or any problems, you can talk to your parents, guardian or anyone on the research team. You can contact the research team at [vocaltractlab@gmail.com](mailto:vocaltractlab@gmail.com).

**What if I do not want to do this?**

We are hoping to learn a lot from this project. You don't have to be in the study if you do not want to. If you decide to be in this study now, but change your mind later, it is okay. You can ask us to stop and we will right away.

**Child Authorization:**

Your mom or dad (or guardian) has to give permission for you to be in this study if you decide you want to participate.

I have been told about the study and what I will need to do if I agree to be a part of it. I agree to be in this study. I have been told that I can stop at any time. If I have any questions, at any time, they will be answered. I can keep a copy of this paper.

If you would like to be in the study, please fill out the lines below.

Child’s Printed Name: \_\_\_\_\_

Child’s Signature or Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Principal Investigator or Person Obtaining Assent/Consent:**

I have discussed this research study with the child using language that is understandable and appropriate. I believe I have fully informed the participant of the nature of the study and its possible risks and benefits. I believe the participant understood this explanation and assented to participate in this study.

Name of Person Obtaining Assent: \_\_\_\_\_

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