



**Autism Spectrum Social Stories In Schools Trial 2 (ASSSIST2)**

**Consent Form: Parent(s)/Carer(s)**

**Please Initial**

1. I have read and understood the information leaflet 'ASSSIST2 PIS Parent/Carer V4\_20190710'.
  
2. I have had an opportunity to ask any questions about the research.
  
3. I understand that taking part in this research study is voluntary and I know that I can withdraw from the study at any time. I am aware that I do not need to give any reason for withdrawing. I know this will not affect any support my child receives. If my child does not want to be involved I know that my child can withdraw from the study at any time without giving any reason.
  
4. I agree to be contacted if needed for further information on the forms I complete as part of the research.
  
5. I agree that the research team can contact my child's school for additional information relating to the study if required.
  
6. I am aware that when the results of the study are published, children/ young people and families will not be identified. All the information will be kept strictly confidential.
  
7. I understand that I can discuss the study with the researcher at any time.
  
8. I agree to my child and myself/ourselves taking part in this research.
  
9. I understand that there is potential for the data from this study to be made available to other researchers. I agree that the research team can share my anonymised data (data with any identifiable information removed).

The following statements are optional. If you say no to these questions it will not affect your participation. Please put a tick to answer yes or no for the statements below.

10. I agree that a class at my child's school may be observed by a member of research team. I understand that this is to review the content of the therapy and not to gather data on the children.

Yes  No

11. I agree, if selected, to take part in an interview about Social Stories™ and understand that this interview will be audio recorded and will lead to an FAQ document which will be available on the research team's website.

Yes  No

12. I agree, if selected, to be filmed to be part of a DVD exemplar of making and delivering a Social Story™ which will be available on the research team's website. This DVD will only feature parents and educational professionals – no participating children will be taking part in the DVD.

Yes  No

13. I agree that the research team can contact me in the future to follow up this research or to let me know about any other new research project(s). By ticking yes to this I understand that my contact information will be kept securely on the database when the study has finished. I understand that I can contact the research team in the future if I want our information to be removed. By ticking no I understand that I cannot be directly sent the results of the research (though they will be sent to the school).

Yes  No

_____ Name of parent/carer	_____ Signature	_____ Date
_____ Name of researcher taking consent	_____ Signature	_____ Date

When completed: 1 for participant; 1 for Child Oriented Mental health Intervention Centre



**Autism Spectrum Social Stories In Schools Trial 2 (ASSIST2)**

**ASSENT FORM: CHILDREN AND YOUNG PEOPLE (Primary School)**

Please draw a circle around Yes or No for each question

1. Have you read (or had read to you) information about the project?

Yes                  No

2. Has somebody talked to you about the project?

Yes                  No

3. Do you understand the project?

Yes                  No

4. Do you want to ask any questions about the project?

Yes                  No

5. Do you understand that you can stop taking part in the project at any time?

Yes                  No

6. Do you want to take part in the project?

Yes                  No



If you want to take part in the project please write your name and today's date below.

Your name: \_\_\_\_\_

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

Researcher taking consent: \_\_\_\_\_

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

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



Participant ID:

**Autism Spectrum Social Stories In Schools Trial 2 (ASSIST2)****Consent Form: Education Professionals**

Please Initial

1. I have read and understood the relevant information leaflet Teacher\_PIS\_V4, 20190710 **OR** Interventionist\_PIS\_Version V4, 20190710.
2. Any questions I may have about the research have been answered
3. I understand that taking part in this study is voluntary and I know that I can withdraw from the study at any time. I am aware that I do not need to give any reason for withdrawing
4. I agree that the research team can contact me or my school for additional information if required and I will supply my contact details
5. I am aware that when the results of the study are published, I will not be identified. All the information will be kept strictly confidential.
6. I understand that I can discuss the study with the researcher at any time.
7. I agree to take part in this research.
8. I understand that there is potential for the data from this study to be made available to other researchers. I agree that the research team can share my anonymised data.
9. I understand that one class session may be observed by a member of research team.
10. I understand that if selected, the Social Story writing session will be audio recorded and will be assessed against the fidelity checklist.

The following statements are optional. If you say no to any of the statements it will not affect your participation. Please put a tick to answer yes or no for the statements below. (If your response is YES, please sign in the space provided).

11. I agree, if selected, to take part in an interview about my experiences of creating and/or implementing the intervention, and understand that this interview will be audio recorded. I understand that this will lead to an FAQ document which will be available on the research team's website.

Yes  No

12. I agree that a class at my school may be observed by a member of research team. I understand that this is to review the content of the therapy and not to gather data on the children.

Yes  No

13. I agree, if selected, to be filmed to be part of a DVD exemplar of making and delivering a Social Story which will be available on the research team's website. This DVD will only feature parents and educational professionals – no participating children will be taking part in the DVD.

Yes  No

14. I agree that the research team can contact me in the future to follow up this research or to let me know about any other new research project(s). By ticking yes to this I understand my contact information that will be kept securely on the database when the study has finished. I understand that I can contact the research team in the future if I want my information to be removed. By ticking **NO** I understand that I cannot be directly sent the results of the research (though they will be sent to the school).

Yes

No

\_\_\_\_\_  
Name of education professional

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of researcher taking consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

When completed: 1 for participant; 1 for Child Oriented Mental health Intervention Centre