



Dyslexia Screening Validation Study Parent Permission Form

Introduction:

- You are being asked to allow your child to be tested as part of a research study about dyslexia.
- Your child was selected as a possible participant because they have a prior diagnosis of dyslexia.
- We ask that you read this form and ask any questions that you may have before agreeing to allow your child to participate in the testing.

Purpose of Study:

- The purpose of this research is to learn what types of reading tests best predict a student's risk for dyslexia.
- Participants in this study are school-age children in Maine with a prior diagnosis of dyslexia.

Description of Study Procedures:

- If you agree to allow your child to be in this study, we would ask you to arrange a time when your child can come to the University of Southern Maine (USM) Gorham campus to complete the following reading tests:
 - Letter names
 - RAN
 - Phoneme Segmentation
 - Nonsense Words
 - Oral Reading + Retell
 - Letter Sounds
 - Spelling
- The testing session is expected to take about 1 hour.

Risks to Being in Study:

- Your child might experience discomfort with some test items because they include reading tasks that are different from the ones at school.

Benefits of Being in Study:

- You will receive a summary of the testing results and the opportunity to meet with the researcher to ask questions about them.
- Your child's data will contribute to research about what types of screening tests help teachers identify students who might have dyslexia.

Confidentiality:

- The records of this training activity will be kept private.
- The final research results will group all students' scores together and will not include any information that will make it possible to identify a participant.
- The research records will be kept in a safe and secure location at all times.
- Access to the records will be limited to the researcher and the USM Institutional Review Board (if necessary).
- The records will be destroyed 3 years after the research is complete.



Voluntary Participation/Withdrawal:

- Your child’s participation is voluntary. If you or your child choose not to participate, it will not affect your current or future relations with the University, your child’s school, clinician, or intervention services.
- You and/or your child are free to withdraw at any time, for whatever reason.
- There is no penalty or loss of benefits for not participating or for discontinuing your participation.
- You will be provided with any significant new findings that develop during the course of the testing session(s) that may make you or your child decide that you want to stop participating. For example, if the researcher identifies a learning or behavior problem other than symptoms of dyslexia, the researcher will contact you immediately and arrange a time to explain the information and provide recommended next steps.

Contacts and Questions:

- If you have any questions about your rights as a training activity subject, you may contact: Rachel Brown-Chidsey, Ph.D, NCSP, rachelb@maine.edu or 207-228-8322.
- If you think you have experienced a research-related injury, you may contact the Office of Research Integrity and Outreach USMORIO@maine.edu or 207-780-4517.

Copy of Consent Form:

- You will be given a copy of this form to keep for your records and future reference.

Statement of Consent:

- I have read (or have had read to me) the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions. I give my consent for my child to participate in this study. I have received (or will receive) a copy of this form.

Signatures/Dates:

Study Participant (Print Name): _____

Parent/Guardian 1 (Print Name): _____

Parent/Guardian 1 (Signature): _____ Date _____

(Optional) Parent/Guardian 2 (Print Name): _____

(Optional) Parent/Guardian 2 (Signature): _____ Date _____

Researcher (Print Name): _____

Researcher (Signature): _____ Date _____