

Dear Parent,

My name is Dr. Fiona Kyle and I am a researcher at the Deafness, Cognition and Language Research Centre at University College London (UCL). I am writing to ask for your permission to include your child in a fun research project concerning language processing. The main goal of our research is to gain a better understanding of how both Deaf and hearing children learn to speechread (silent lipreading) and why the development of this skill is related to reading ability.

If you agree to let your child take part in this study, the following will happen:

Your child will be given an interactive computer-based test of speechreading ability, with many child-friendly features and three short tests measuring non-verbal intelligence, language proficiency and reading. All instructions will be given in your child's preferred language; spoken English, British Sign Language (BSL) or a combination of both. The tasks will be split into two short sessions of no more than thirty minutes.

Many schools are participating in this study and children have found the sessions enjoyable. I have vast experience of carrying out research with school children. If, at any point during the session, your child indicates that s/he does not want to carry on with these activities, s/he will immediately be taken back to the classroom.

The sessions will be videotaped in order to make sure that items have been scored correctly. I will keep secure and confidential records of your child's scores, which will be strictly anonymous for research analysis and reports. No-one but the research team has access to these records. The school, the children and the teachers will remain anonymous throughout the research and will not be mentioned by name in any of the reports. The research has been given approval from the UCL Research Ethics Committee.

Please feel free to contact me if you have any questions or wish to discuss any aspect of the research. If you agree to allow your child to take part in this research, please sign the attached consent form and return it to your child's teacher. Thank you for your time.

Yours faithfully,

Dr Fiona Kyle

PARENTAL CONSENT FORM

Please circle the appropriate answer

- | | |
|---|--------|
| 1. I give my permission for my son/daughter to participate in this study | yes/no |
| 2. I have read the information sheet about the study | yes/no |
| 3. I have received enough information about this study | yes/no |
| 4. I have received satisfactory answers to any questions that I had | yes/no |
| 5. I understand that I am free to withdraw my child from this study at any time and without giving a reason for withdrawing them | yes/no |
| 6. I give permission for my child's video recording to be used for data analysis in this research | yes/no |
| 7. I give permission for my child's video recording to be used for presentations at academic research conferences | yes/no |
| 8. I give permission for my child's video recording to be used for academic publications reporting the results of these studies, including journal articles, book chapters, technical reports, reports to funding bodies. | yes/no |
| 9. I give permission for my child's video recording to be used for community relations: presentations of research to groups/organizations within the Deaf community | yes/no |
| 10. I understand that the researchers may consult my child's audiological records at school | yes/no |

Signed.....Date.....

Your Name (in block letters).....

Your child's name (in block letters).....