

University of California, Los Angeles

ASSENT FORM TO PARTICIPATE IN RESEARCH
Child Assent Form for (Ages 7-8)

A Study of Children with Autism and How Their Brain Works

Subject's Name: _____

1. Our names are Dr. Kristi Clark, Dr. Jennifer Levitt and Victoria Peccolo.
2. We are asking you to take part in a research study because we are trying to learn more about kids who may or may not have autism.
3. If you agree to be in this study you will be asked to come in for 1 visit and this is what will happen during this visit:
 - a. The doctor will ask your parent(s) or guardian and you some questions to see what types of problems you might have.
 - b. We will measure your height and weight.
 - c. You will spend about 2 hours answering questions about learning, listening, intelligence, and attention. You have the right to refuse to answer any questions that you do not want to answer.
 - d. We will take a picture of your head and brain. The picture will be taken in a MRI machine, a giant magnet with a hole in it. You will go into a separate room and lie still on a skinny bed inside the giant magnet for about half an hour while the pictures are taken. You will also be able to watch a movie during the scan.

4. Possible Risks and Discomforts

- a. You will be asked questions about your feelings and that could make you feel embarrassed or anxious.
- b. When we take the picture of your brain, you might feel nervous from being in a small space, or uncomfortable from staying still for too long. If you feel too nervous during the MRI scan, we will stop it right away. The sound of the machine can be loud. We will give you earplugs and headphones to make it quieter for you. The machine is a big magnet and it attracts metal. So, you have to empty your pockets before we take the picture of your brain.

5. Anticipated Benefits

You may not get any benefit by participating in this study, but it will hopefully help other kids in the future who have autism.

Payment for Participation

You will receive \$100 for participating. You will also receive paid parking.

6. Please talk this over with your parents before you decide whether or not to participate. We will also ask your parents to give their permission for you to take part in this study. But even if your parents say "yes" you can still decide not to do this.
7. If you don't want to be in this study, you don't have to participate. Remember, being in this study is up to you and no one will be upset if you don't want to participate or even if you change your mind later and want to stop.
8. You can ask any questions that you have about the study. If you have a question later that you didn't think of now, you can call Dr. Levitt, Dr. Clark or Victoria Peccolo at (310) 206-2101.

9. Signing your name at the bottom means that you agree to be in this study. You and your parents will be given a copy of this form after you have signed it.

I have talked to my parents about this study, and I would like to be in it.

Printed Name of Subject

Signature of Subject

Date

Name of Person Administering Assent (Print)

Signature of Person Administering Assent

Date