



Dyslexia Screening Validation Study Student Assent Form

Introduction:

- You are being asked to do some activities to help me learn more about dyslexia.
- You were selected to do this because you have trouble with reading.
- Please read (or have read to you) this form and ask any questions you have before you agree to help and participate in the activities.

Purpose of Study:

- The purpose of this activity is to learn more about what kinds of tests will help teachers know if a student struggles with reading and might have dyslexia.
- Participants in this activity are school-age students with dyslexia.

Description of Study Procedures:

- If you agree to help, you will do following:
 - Come to the University of Southern Maine (USM) Gorham campus to do some reading tests.
 - The tests will take about 1 hour.

Risks to Being in Study:

- During the tests, some of the questions might be hard.
- You may have questions about the tests which I cannot answer right away. I will answer all your questions at the end of the activities.

Benefits of Being in Study:

- You will get to learn more about your reading skills.

Confidentiality:

- Everything I write down about you will be kept private and locked up.
- I will not use your name or any other information about you that could tell people who you are.

Voluntary Participation/Withdrawal:

- You can decide you want to work with me or not, but you do not have to do this. If you do not want to do this, it will not change how you are treated at school or tutoring you receive.
- You may stop working with me at anytime you want to.
- Nothing different will happen to you if you do not work with me.

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.



Statement of Consent:

I have read (or had read to me) this form. I understand what this form says and I have asked questions if I wanted to. The researchers answered the questions I had.

Student (Print Name): _____

Student Signature: _____ Date _____

Witness: In my judgment, the student understands the information in this consent form and agrees to be in the study.

Witness (Print Name): _____

Witness Signature: _____ Date: _____

Researcher:

Researcher (Print Name): _____

Researcher (Signature): _____ Date _____