

Department of Psychology Consent Form

Consent Form

Full study title: Investigating the effects of dimensionality and referent variability on word learning in autism and typical development.

Experimenter: Fiona Smith

Supervisor: Dr Calum Hartley

As the parent/guardian

1. I agree that my child can be involved in the present study.
2. I have been given the opportunity to ask any questions I have and I am satisfied with the response.
3. I am aware that both I and my child have the right to withdraw from the study at any time, without giving reason and with no adverse consequences.
4. I have been provided with full information about the present study.
5. Have been given contact information for the researchers involved in this study.
6. I have been assured that all information regarding participants will be confidential.

I have read and understood the declarations above, and agree to my child's participation in the present study:

Participant's name: _____

Participant's date of birth: _____

Parent/Guardian's Signature: _____

Date: _____

If you would like to ask any questions regarding this study, please feel free to contact me or the project supervisor, or for general concerns please contact the Head of Department:

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