Child Assent (10 to 17 Years)

The Pennsylvania State University

STUDY00005097 Approval: 4/6/2018 Approval End Date: 4/5/2019

Title of Project: Using Serious Game Technology to Improve Sensitivity to Eye Gaze in Autism

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We would like you to be in our research study. We want to understand how teenagers learn social skills.

If you decide you want to be in our study, you will come to the lab two times. You will answer some questions about your social skills. You will also complete tests that measure your communication skills. You will also look at pictures of real faces and watch movies on the computer. We may ask you questions about what you see and record where you are looking on the screen.

We might also ask you to play a game at home on the computer. You will play the game 3 days a week for three months (up to 20 total hours). In the game, you will play a detective. You will talk to people in the game to help you find the clues.

Other people will not know if you are in our study. We will combine information from a lot of people. No one can tell where the information came from. When we tell other people about our research, we will not use your name.

Your parents have to say it's OK for you to be in the study. After they decide, you get to choose if you want to participate. If you do not want to be in the study, no one will be mad at you. If you want to be in the study now and change your mind later, that's OK. You can stop at any time.

Do you have any questions?

We will give you a copy of this form in case you want to ask questions later.

AGREEMENT

The research study has been explained to you. You have had a chance to ask questions to help you understand what will happen in this research. You <u>Do Not</u> have to be in the research study. If you agree to participate and later change your mind, you can tell the researchers, and the research will be stopped.

You decide: (Initial one)		YES, I want to take part in the research.NO, I do NOT want to take part in the research	
Signature of Subject		Date	Printed Name
Signature of Ro	esearcher	 Date	Printed Name

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Optional part(s) of the study

You can be in the main part of the research without agreeing to be in this optional part.

If your parents agree, information from this study will be sent to the National Institutes of Health Data Archive (NDA). NDA allows researchers studying mental processes and illness to share information with each other. This helps them learn new things about conditions, like autism, more quickly than before. We will only share information from the study, not your name or other personal information. No one will be able to tell who you are and no one from NDA can contact you.

AGREEMENT

This part of the research study has been explained to you. You have had a chance to ask questions to help you understand what will happen. You <u>Do Not</u> have to agree to share your information with NDA. If you agree to share your information with NDA and later change your mind, you can tell the researchers, and they will notify NDA to stop sharing your information with other researchers.

You decide:	(Initial one)		YES, my information can be shared with NDA NO, do not share my information with NDA.	
Signature of Subject		Date	Printed Name	
Signature of Re	esearcher	 Date	Printed Name	