

## S1: Informed consent



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**Dear parent/caregiver,**

After reading this project summary please complete the consent form and questionnaires.

### Summary of the project:

- Your child is invited to take part in a project that aims to understand the link between language ability, social skills and well-being.
- You will be asked to fill in a short questionnaire regarding any family history of learning disabilities or mental health problems as well as additional information regarding your child's developmental history. You will also be asked to fill in a questionnaire about your child's strengths and difficulties.
- Your child will be administered tasks to assess their receptive and expressive language skills as well as general cognitive ability. They will then complete computer tasks to assess their social functioning and answer questionnaires about their well-being and friendships.

**Contact:** If you require any further information or have any questions about this study, please do not hesitate to contact us at [bathlangstudy@bath.ac.uk](mailto:bathlangstudy@bath.ac.uk). Alternatively, our supervisor Dr Michelle St Clair can be contacted at: Address: Dr Michelle St Clair, Department of Psychology, University of Bath, BA2 7AY.

Phone: 01225 384393

E-mail: [m.c.st.clair@bath.ac.uk](mailto:m.c.st.clair@bath.ac.uk)

Declaration of parental consent. Please read each statement carefully and tick if you agree.

	Please tick
I confirm that I have read and understood the project summary and have had an opportunity to ask any questions	<input type="radio"/>
I confirm that I understand my child's information will be kept strictly confidential	<input type="radio"/>
I confirm that I consent to having an audio recording made of my child's responses to selected tasks. I understand that this is for research purposes only	<input type="radio"/>
I understand that participation is completely voluntary and my child and myself are free to withdraw from the project at any time, without giving a reason	<input type="radio"/>
I agree that my anonymous data and my child's anonymous data can be used in this project and future research projects	<input type="radio"/>
I agree to give consent for my child to take part in the project	<input type="radio"/>
I agree to consent to take part in the project	<input type="radio"/>

Child's name:

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Child's gender:

Male

Female

Child's date of birth (DD/MM/YYYY):

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Parent/Guardian's relationship to child:

Mother

Father

Stepmother

Stepfather

Other (Please specify) \_\_\_\_\_

Email address:

\_\_\_\_\_

Phone number:

\_\_\_\_\_