# **INFORMATION SHEET & CONSENT FORM**

(For Social, Behavioural and Educational Research studies)

1. **Protocol title: The cognitive processes of neurodevelopmental disorder**
2. **Principal Investigator and co-investigator(s), if any, with the contact number and organization:**

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| --- | --- |
| **Principle Investigator:**Christopher Lee AsplundYale-NUS College, Division of Social Sciences, Psychology**Email**: chris.asplund@yale-nus.edu.sg**Phone**: 9660 2081 | **Co-Investigators:**Takashi ObanaYale-NUS College, Division of Social Sciences, Psychology**Email:** takashi.obana@gmail.com**Telephone**: 8310 8147Loh Hui En IrisNational University of Singapore,Faculty of Arts and Social Sciences,Department of Psychology**Email**: irisloh95@gmail.com**Phone**: 9023 5347 |

1. **What is the purpose of this research?**

You are invited to participate in a research study that investigates auditory, visual, and tactile attention or perception. This information sheet provides you with information about the research study. The Principal Investigator (the person in charge of this research) or his representative will also describe this research to you and answer all of your questions. Read the information below and ask questions about anything you don’t understand before deciding whether or not to take part.

1. **Who can participate in the research? What is the expected duration of my participation? What is the duration of this research?**

Anyone who are at least 18 years old (for NUS students) or 21 years old (for non-NUS students) having the diagnosis of autism spectrum disorder (ASD) are eligible to participate in this experiment that lasts about 1.5 to 2.5 hours. Non-NUS students are required to be their own legal guardians.

1. **What is the approximate number of research participants involved?**

Approximately 320 participants will be involved in this study.

1. **What will be done if I take part in this research study?**

You will complete various behavioural tasks and questionnaires given where your response to stimuli is recorded. Whenever there is a need, you are encouraged to take breaks during the experiment. You are also encouraged to notify the experimenter if you feel the need to complete the experiment over 2 sessions.

1. **If biological samples are taken, what will be done with my samples?**

Not applicable

1. **How will my privacy and the confidentiality of my research records be protected?**

Only the research team has your personal data (e.g. names and contact information) and this will not be released to any other person. Personal data will never be used in a publication or presentation. All identifiable research data will be coded (i.e. only identified with a code number) at the earliest possible stage of the research. Personal data will be discarded upon the completion of the experiment.

All data collected will be kept in accordance to the University’s Research Data Management Policy. Research data used in any publication will be kept for a minimum of 10 years before being discarded.

1. **What are the possible discomforts and risks for participants?**

No risks, discomforts or injury are expected in your participation in this experiment.

1. **What is the compensation for any injury?**

The experiment only involves behavioural task and questionnaire. Thus, no injury is expected.

1. **Will there be reimbursement for participation?**

You will receive 1 RP point for every half hour of participation. If you are not from the Yale-NUS or NUS RP pool, you will be reimbursed $5 for every half hour of participation.

1. **What are the possible benefits to me and to others?**

There is no direct benefit to you from participating in this research although you may learn more about how psychological research is conducted. It is hoped that the research will benefit the scientific community and society by providing a better understanding of attention and perceptual mechanisms.

1. **Can I refuse to participate in this research?**

Yes, you can. Your decision to participate in this research study is voluntary and completely up to you. You can also withdraw from the research at any time without giving any reasons, by informing the principal investigator and all your data collected will be discarded.

1. **Whom should I call if I have any questions or problems?**

Please contact the Co-Investigator, Takashi Obana **(telephone 8310-8147 and email takashi.obana@gmail.com)** for all research-related matters.

For an independent opinion regarding the research and the rights of research participants, you may contact a staff member of the National University of Singapore Institutional Review Board (Attn: Dr Chan Tuck Wai, at telephone (+65) 6516 1234 or email at irb@nus.edu.sg).

**Consent Form**

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**Principal Investigator with the contact number and organization:**

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| **Principle Investigator:**Christopher Lee AsplundYale-NUS College, Division of Social Sciences, Psychology**Email**: chris.asplund@yale-nus.edu.sg**Phone**: 9660 2081 | **Co-Investigators:**Takashi ObanaYale-NUS College, Division of Social Sciences, Psychology**Email:** takashi.obana@gmail.com**Telephone**: 8310 8147Loh Hui En IrisNational University of Singapore,Faculty of Arts and Social Sciences,Department of Psychology**Email**: irisloh95@gmail.com**Phone**: 9023 5347 |

I hereby acknowledge that:

1. I have agreed to take part in the above research.
2. I have received a copy of this information sheet that explains the use of my data in this research. I understand its contents and agree to donate my data for the use of this research.
3. I can withdraw from the research at any point of time by informing the Principal Investigator and all mydata will be discarded.
4. I will not have any financial benefits that result from the commercial development of this research.
5. I *consent / do not consent*\* to have the coded data made available for future research studies. This will be subject to an Institutional Review Board’s approval.
6. I *agree / do not agree*\* to be re-contacted for future related studies. I understand that future studies will be subject to an Institutional Review Board’s approval.

*\*please delete as appropriate*

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Name and Signature (Participant) Date

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Name and Signature (Consent Taker) Date