Are you interested in being contacted and learning more about participating in research studies with your child?

The Communication Studies Participant Pool helps connect people with the research community. Joining the Participant Pool does not obligate you in any way. It merely allows a University of Washington researcher to contact you, explain their study, and answer any questions you might have. You may then decide whether or not you would like to participate. Our research studies cover many different topics, including hearing impairment, speech or language disorders and general infant and child development.

If you would like to join our Participant Pool, please fill out the form on the next page. The information you give us, including your name, address and telephone number will be kept for as long as you wish to remain in the Pool. You may ask to be removed from the Participant Pool at any time. Your information will be stored securely and will only be shared with approved researchers. The information you give us on the form will help us match you and your child to the right study but you are free to leave out information that you do not wish to share.

Please keep this page for your records. If you would like more information or have questions about the Participant Pool, please feel free to contact us.

Communication Studies Participant Pool
Department of Speech and Hearing Sciences
University of Washington
1417 NE 42nd St
Seattle, WA 98105

PH: 206.616.9081
FAX: 206.543.1093
Email: partpool@u.washington.edu
Web: http://studies.uw.edu

Please note that we cannot guarantee the confidentiality of information sent by email or over the internet.

Thank you for considering this opportunity to become involved in research with your child!

Child Clinic Enrollment Letter rev. 2/17
I am interested in being contacted and learning more about participating with my child in research studies at the University of Washington.

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**Address**

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**Home Phone**

**Alternate Phone**

Email (Please remember we cannot guarantee the confidentiality of information sent by email.)

**Child’s Racial/Ethnic Background** (check all that apply): □ White □ Hispanic or Latino □ American Indian/Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ Other: ______________________

**Language(s) used in the home:**

Please tell us if your child has any of the following conditions listed below. (Check the box if yes and provide additional information if necessary.)

- □ ADD/ADHD
- □ Autism Spectrum Disorder – specify: ______________________
- □ Birth Defect – specify: ______________________
- □ Developmental Disability – specify: ______________________
- □ Hearing Loss, does not use hearing aids
  - □ Hearing Loss, uses a hearing aid in □ one ear □ both ears since ________ / ____ / ____ (Mo/Yr)
  - □ Hearing Loss, uses a cochlear implant in □ one ear □ both ears since ________ / ____ / ____ (Mo/Yr)
- □ Neurological Disorder – specify: ______________________
- □ Reading or Learning Disability – specify: ______________________
- □ Speech or Language Disorder – specify: ______________________
- □ Vestibular/Balance Disorder – specify: ______________________
- □ Vision loss that cannot be corrected/legal blindness
- □ Other – specify: ______________________

Do any of these conditions run in your family (more than 3 members affected, including grandparents, aunts/uncles, cousins)? If yes, which condition(s)? ______________________

The primary risk of joining the Participant Pool is a loss of confidentiality. If you have any questions about your rights as a research subject, you can contact the UW Human Subjects Division at 206-543-0098. If you have any questions about the Participant Pool, you can contact us at 206-616-9081 or partpool@uw.edu.

Thank you for your willingness to be contacted about research studies!