

SCIENCE CENTRE 302 - Bldg. 302
Level 2, Room 243
23 SYMONDS ST
AUCKLAND 1010
New Zealand

Child Information Sheet and Assent Form

- ★ My name is Abin, and I am an audiologist working at the University of Auckland. I, along with Ashkan, want to invite you to take part in our project!
- ★ I would like you to do a few activities with us today to see how well you can hear sounds and speech information.
- ★ We will give you a demo/video explaining the procedures in detail.
- ★ The activities we will be doing in the first session will involve listening to some conversions, which will be played via provided headphones to assess your hearing ability.
- ★ Also, I will ask you to come with your parents/caregiver for the second session for taking pictures of your head using a very big camera. You will be required to lay down on a bed and remain still so that the pictures don't come out blurry. The machine makes very loud sounds, and you will feel like you're at the construction site, but you will be provided very good earplugs.
- ★ I will also be asking your parent/caregiver to answer some questions and fill out some forms about you and your background so we can know a bit more about you.
- ★ Between each activity, you are allowed to stop and have a break if you feel tired.
- ★ You are allowed to ask me questions if you feel unsure.



You are allowed to ask to stop the session at any time. You don't need to continue if you don't wish to.

If you are happy to do this with us, then write your name in the space below.

My name is _____ and I am happy to take part in this study.

The date today is _____

Thank you ☺