



AHA
ADHD – AUGMENTED

**HADD
Ireland**

for people
affected by ADHD

**For more information on this project
please visit <http://aha.ucd.ie>
or email aha@ucd.ie.**

**If you want to talk HADD-ADHD Ireland,
please call them on 01-8748349
or email Ken Kilbride at ken@hadd.ie.**

**We welcome any questions you
may have about this project.**

**PARENT/LEGAL GUARDIAN CONSENT
TO PARTICIPATE WITH CONDITIONS**

**Pilot project for
developing the use
of new technologies
in education for
children with ADHD**



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Pilot project for developing the use of new technologies in education for children with ADHD (ADHD Augmented)

- I have read and understood the parent/legal guardian information leaflet for the AHA pilot study.
- I understand what the study is about and what my child's results will be used for.
- I have had time to consider whether to take part in the study.
- I understand that my child's and my personal information will not appear on any research data from this pilot study and there will be no audio/video recordings for this study.
- I understand that my child will undergo a FREE pre and post project 1:1 standardised literacy assessment. The Neale Analysis of Reading ability (NARA II), which tests for reading accuracy, reading comprehension and reading rate and the Vernon Graded Word Spelling Test will be given before the project starts and again at the end to evaluate the child's performance over time.
- I am fully aware of all of the procedures involving my child and of any risks and benefits associated with the study.
- I understand that my child's and my participation is voluntary (it is my free choice) and that I am free to withdraw from the research study at any time without disadvantage and without giving any reason.

Therefore, **I agree to take part in this research**
(please tick the box):

Is your child under medication? Yes No

If your child is under medication please tick one of the boxes below regarding the type of medication:

Stimulant Non-stimulant

I hereby consent to my child

_____ (name)
involvement in this pilot study and I give my permission

for the use of de-identified data collected from my child and me and through the use of the AHA mobile app for the following purpose (please tick the relevant box or boxes you are agreeing to):

Publications and conference presentations:

Future research (subject to ethical review):

Sharing of data with third parties for research purposes only:

Have you used Augmented Reality applications before?

Yes No

If Yes check: Game Learning

Other _____

Name of parent/legal guardian (in block letters):

Home Address:

Signature(s):

Date:

IF YOU HAVE QUESTIONS ABOUT THE STUDY, PLEASE CONTACT:

Researcher's Name: Assoc. Prof. Eleni Mangina

(Project Coordinator) (Email: aha@ucd.ie)

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