**CONSENT DOCUMENT FOR ENROLLING ADULT PARTICIPANTS IN A RESEARCH STUDY**

Georgia Institute of Technology

Project Title: Assistive Technology for People with Developmental Disabilities

Investigators:

 Principle Investigator:

 Christopher Lee

 Co-Principle Investigators:

 Ben Satterfield

 Carolyn Philips

 Investigators:

 Zerrin Ondin

Protocol and Consent Title: Main 10/26/16v5

You are being asked to be a volunteer in a research study.

**Purpose:**

The purpose of this study is to investigate impacts and effectiveness of assistive technology tools for people with developmental disabilities. We expect to enroll 325 people in this study.

**Exclusion/Inclusion Criteria:**

Participants in this study must be 18 years and older.

**Procedures:**

If you decide to be in this research study, we will have a phone interview with you to ask about your demographic and background information. The phone interview will take 15 minutes of your time. Also, you will be asked to fill out “Foundational Measures Survey” and “Outcomes Questionnaire” prior to receiving the recommended assistive technology and then after using it for at least three months. It is the same surveys you will be filling out twice. The surveys will require approximately 60 minuets of your time. Finally, during the Assistive Technology Evaluation service, we will be making observations and filling out the Observation Form.

**About Assistive Technology Evaluation Service**

Assistive Technology evaluation service will be provided by GA Tools for Life with a funding from GA Department of Behavioral Health and Developmental Disabilities (DBHDD). Participants will be able to keep the equipment on a short-term loan basis for a month to three months to determine if the recommended Assistive Technology device is indeed effective for the participant.

If the equipment is effective and the participant is benefiting from the use of the equipment, they will keep the equipment and ownership of the equipment is transferred from Center for Financial Independence & Innovation (CFII) to the participant. If the equipment is not effective and the participant is not benefiting from the use of the equipment, the participant will return the equipment to CFII. Another piece of equipment may then be assigned to the participant for a short-term loan to determine if it is effective and if the participant is benefiting from it.

When the participant is no longer using the equipment, they can donate the equipment back to one of the AT reuse programs within Georgia, if they choose to do so. They will be given this information regarding the AT reuse network of programs in Georgia and also information regarding appropriate disposal of technology when they receive the equipment.

**Risks or Discomforts:**

There are no identifiable risks involved in your participation in this research study. The risks involved are no greater than those involved in daily activities such as using a computer or filling out an internet survey.

**Benefits:**

You are not likely to benefit in any way from joining this study. We conduct this study with the purpose of providing evidence-based approach for assistive technology recommendation process. We hope that the results will benefit both Tools for Life and Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) moving forward in their missions of assisting individuals with disabilities more effectively.

**Compensation to You:**

There is no compensation for participation.

**Confidentiality:**

The following procedures will be followed to keep your personal information confidential in this study: The data collected about you will be kept private to the extent allowed by law. To protect your privacy, your records will be kept under a code number rather than by name. Your records will be kept in locked files and only study staff and funding source (DBHDD) will be allowed to look at them. Your name and any other fact that might point to you will not appear when results of this study are presented or published. Your privacy will be protected to the extent allowed by law.

You should be aware that the experiment is not being run from a ‘secure’ https server of the kind typically used to handle credit card transactions, so there is a small possibility that responses could be viewed by unauthorized third parties such as computer hackers. In general, the web page software will log as header lines the IP address of the machine you use to access this page, e.g.,102.403.506.807, but otherwise no other information will be stored unless you explicitly enter it.

To make sure that this research is being carried out in the proper way, the Georgia Institute of Technology IRB may review study records. The Office of Human Research Protections may also look over study records during required reviews.

**Costs to You:**

There are no costs to you, other than your time, for being in this study.

**In Case of Injury/Harm:**

If you are injured as a result of being in this study, please contact Christopher Lee at (404) 894-7655. Neither the Principal Investigator nor Georgia Institute of Technology has made provision for payment of costs associated with any injury resulting from participation in this study.

**Participant Rights:**

* Your participation in this study is voluntary. You do not have to be in this study if you don't want to be.
* You have the right to change your mind and leave the study at any time without giving any reason and without penalty.
* Any new information that may make you change your mind about being in this study will be given to you.
* You will be given a copy of this consent form to keep.
* You do not waive any of your legal rights by signing this consent form.

**Questions about the Study:**

If you have any questions about the study, you may contact Ben Satterfield at ben@gatfl.org or at 770-923-3202.

**Questions about Your Rights as a Research Participant:**

“If you have any questions about your rights as a research participant, you may contact

Ms. Melanie Clark, Georgia Institute of Technology

Office of Research Integrity Assurance, at (404) 894-6942.

If you sign below, it means that you have read (or have had read to you) the information given in this consent form, and you would like to be a volunteer in this study.

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Participant Name (printed)

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Participant Signature Date