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Department of Special Education and Child Development

9201 University City Boulevard, Charlotte, NC 28223-0001

**Consent to be Part of a Research Study: ADULT AGENCY PROVIDER**

Title of the Project: *Increasing Community Engagement of Transition-age Youth with Disabilities*

**Principal Investigator:** Leslie Bross, PhD, Assistant Professor, Department of Special Education and Child Development, UNC Charlotte

**Co-investigators:** Charlie Wood, PhD and Robert Pennington, PhD, Department of Special Education and Child Development, UNC Charlotte

You are invited to participate in a research study. Participation in this research study is voluntary. The information provided is to help you decide whether or not to participate. If you have any questions, please ask the principal investigator.

**Important Information You Need to Know:**

* The purpose of this study is to understand the barriers that young adults with autism spectrum disorder (ASD) and/or intellectual disability (ID) commonly experience when navigating their local communities. We also want to identify characteristics and factors that are helpful for young adults with ASD/ID to access transportation. We will incorporate the perspectives of the young adults, their parents/guardians, and adult agency providers.
* If you choose to participate, you will be asked to participate in a one-time interview via a video conference platform (e.g., Zoom). The interview will be recorded and conducted by a research team member. The interview will take approximately 15 to 20 minutes of your time.
* If you choose to be interviewed, you can choose to keep your video on your off. You may also choose to decline to answer any question or stop the interview at any time. The interview questions relate to the transportation experiences of young adults with ASD/ID with whom you’ve worked.
* You will receive a $10 gift certificate for your participation in this study. In addition, information gained from this study may benefit young adults with ASD/ID, their families, and organizations that serve them.

Please read this form and ask any questions you may have before you decide whether you will participate in this research study.

**Why are we doing this study?**

The purpose of this study is to understand the barriers and supports that young adults with autism spectrum disorder (ASD) and/or intellectual disability (ID) commonly experience when navigating their local communities.

**Why you are being asked to be in this research study.**

You are being asked to be in this study because you are an adult agency provider who serves transition-age youth between the ages of 18 and 26 with documented disabilities with community-based instruction.

**What will happen if you take part in this study?**

If you choose to participate in this study, you will be asked to participate in a one-time interview via a video conference platform (e.g., Zoom). The interview will be recorded and will take approximately 15-20 minutes.

**What benefits might I experience?**

You will receive a $10 gift certificate for your participation. Other benefits may include identifying barriers and supports that young adults with ASD/ID experience while navigating to different locations in their community.

**What risks might I experience?**

Potential risks or discomforts from this research include experiencing challenges while using the video conference platform and answering the interview questions. These risks or discomforts will be alleviated by support provided by research staff.

**How will my information be protected?**

We plan to publish the results of this study. To protect your privacy, we will not include any information that could identify you or your organization. We will protect the confidentiality of the research data by not using you or your organization’s name on any paper data collection forms and storing all data collected in locked filing cabinets in the primary researcher’s office.

Other people may need to see the information we collect about you or your organization. These people may include members of the research team, other people who work for UNC Charlotte, or other agencies as required by law or allowed by federal regulations.

**How will my information be used after the study is over?**

After this study is complete, data collected about you or your organization will be stored in the principal investigator’s office and/or password-protected computer for up to three years. All of the data will be de-identified. No information or data about you or your organization will be shared without additional informed consent.

**What are my rights if I take part in this study?**

It is up to you to decide to be in this research study. Participating in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer.

**Who can answer my questions about this study and my rights as a participant?**

For questions about this research, you may contact Dr. Leslie Bross at [lbross@uncc.edu](mailto:lbross@uncc.edu) or (816) 719-6546.

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the Office of Research Compliance at 704-687-1871 or [uncc-irb@uncc.edu](mailto:uncc-irb@uncc.edu).

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will receive a copy of this document for your records. If you have any questions about the study after you sign this document, you can contact the primary researcher using the information provided above.

**Consent to be Photographed or Video Recorded**

With your permission, the primary researcher or other research team members may take photographs or video recordings of you while participating in the study. With your permission, photographs or video recordings of you will be shared at academic conferences and presentations when describing the results of the study. Please note your face would not be blurred in the photographs or video recordings. However, a pseudonym will be used when describing the results of the study.

Participants have the right to refuse to allow photographs or video recordings without penalty. Please select one of the following options:

\_\_\_\_\_ I consent to the use of **photography/still visual** shots for research and dissemination purposes (e.g., sharing at an academic conference).

\_\_\_\_\_ I consent to the use of **video recording** **with my video function ON** for research and dissemination purposes (e.g., sharing at an academic conference).

\_\_\_\_\_ I consent to the use of **video recording** **with my video function OFF** for research and dissemination purposes (e.g., sharing at an academic conference).

\_\_\_\_\_ I do not give the researchers permission to video record me (with or without the video function). I understand I cannot participate in the research study.

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Signature Date

**Consent to be Contacted for Participation in Future Research**

I give the researchers permission to keep my contact information and to contact me for future research projects.

YES\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_

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Signature Date

**Consent to Participate**

I understand what the study is about and my questions so far have been answered. I agree to take part in this study. By signing below, I affirm I am 18 years or older have participated in the consent process.

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Participant Name (PRINT)

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Signature Date

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Name and Signature of person obtaining consent Date

Phone number to schedule interview: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

E-mail to schedule interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_