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**Leading education
and social research**
Institute of Education
University of London

‘READING’ FACES

Dear Parent and Guardians,

Your school is kindly taking part in a project studying children’s ‘face-reading’ skills, and we would like to invite your *typically developing child* to be involved in the project. We very much hope you would like to take part.



Why is this work being done?

We gain a large amount of information by looking at a person’s face - who they are and how they are feeling, for example. Children with autism have difficulty ‘reading’ faces, and we are keen to understand the source of this difficulty. Typical children – just like your child – are important in studies like this one as they help us to gain a picture of how children without difficulties handle ‘face reading’.

What will happen if my child takes part?

Children would be seen at school ***on one occasion lasting about 7-8 minutes***. During this time, they will be shown some unfamiliar faces on a computer and asked to remember them. They will later be asked to pick these same faces out from a ‘line-up’. The task is designed to be fun and straightforward.

What will happen to the results of the project?

At the completion of the study, we will send you a brief report regarding the findings of the study. Individual results will not be disclosed. The information we collect is kept strictly confidential. Children are identified by a code number only and all information is kept on a computer and in a locked filing cabinet at the Institute.

Do I have to take part?

It is up to you and your child whether you take part. Attached to this information sheet is a consent form for you to sign if you and your child do decide to take part. Anyone who signs a form is still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect your child’s education in any way.

What should I do next?

Please explain the project to your child and discuss whether they want to take part. It is important that he or she knows that they don’t have to take part, and if they do agree, that they are free to stop at any time. We will also ask children during sessions and make it clear that they can stop whenever they wish. We will be delighted if your child does take part; please fill in the consent form and return it to reception. If you would like to discuss the research with Liz Pellicano beforehand, please do not hesitate to get in touch (details above).

Thank you very much for supporting our research!

Dr Liz Pellicano and Abigail Croydon



CONSENT FORM: TYPICALLY DEVELOPING CHILDREN

Parent/guardian copy - Please keep this copy for your records.

I have read the information sheet about the research and discussed the project with my child. I am happy for my child to be asked whether he/she would like to take part in the study. I understand that he/she can withdraw from the study at any time.

(please tick)

I understand that participation is voluntary and that my child is free to withdraw at any time, without giving any reason and without my child's education being affected in any way.

(please tick)

I understand that I can contact Liz Pellicano by email (l.pellicano@ioe.ac.uk) or by telephone on 07975593380 to discuss this study at any time.

(please tick)

My child needs glasses to read or to work on the computer.

(please tick)

My child has no past or current diagnosis of a developmental condition (e.g., autism, ADHD, dyslexia).

(please tick)

Name of child: _____ (Male) (Female)
(Forename) (Surname)

Date of Birth: _____ School: _____

Contact email/phone: _____

Name of parent/guardian (please print): _____

Signature: _____ Today's date: _____



CONSENT FORM: TYPICALLY DEVELOPING CHILDREN

Researcher copy - Please return this copy to reception

I have read the information sheet about the research and discussed the project with my child. I am happy for my child to be asked whether he/she would like to take part in the study. I understand that he/she can withdraw from the study at any time.

(please tick)

I understand that participation is voluntary and that my child is free to withdraw at any time, without giving any reason and without my child's education being affected in any way.

(please tick)

I understand that I can contact Liz Pellicano by email (l.pellicano@ioe.ac.uk) or by telephone on 07975593380 to discuss this study at any time.

(please tick)

My child needs glasses to read or to work on the computer.

(please tick)

My child has no past or current diagnosis of a developmental condition (e.g., autism, ADHD, dyslexia).

(please tick)

Name of child: _____ (Male) (Female)
(Forename) (Surname)

Date of Birth: _____ School: _____

Contact email/phone: _____

Name of parent/guardian (please print): _____

Signature: _____ Today's date: _____