I	(Print Name), understand that I am
the parent or legal guardian of the child asked to be in a students and faculty (Dr. Erin Dunleavy). We want to answ	•
Can a Power Card help improve social skills for children w	vith autism and other disabilities?
I agree that the child is 8-18 years old with ASD or another need for social interaction. I understand the researchers war Strategy is a useful tool to improve social skills in children asked to help the child fill out a form about what they like. child will play board games with others who are like my ow in Edward Leahy Hall. As the parent/legal guardian, I can was take place twice a week for one hour each and will run from agree that my child can come to the program each week. I wonly be recorded for the researchers to watch. These record three years after the last session. All the children's informat I agree not to talk about the other children in this group.	nt to see whether the Power Card like mine. I understand that I will be I understand that in each session, the vn. Sessions will take place in the labs watch these sessions. The sessions will in January through May of 2023. I understand that these sessions will ings will be destroyed no later than
I understand that it is optional for my child to be in this grottime. I understand that if I do not want my child's informatisessions will be recorded. If my child is just playing and no stop coming at any time. Being a member of this group doerisk. This study may have benefits for my child's social skil from this study, they can still play in the CASTLE games g	ton studied, they can still play but the tactively in the study, they can also s not put my child at any increased lls. If I choose to remove the child
If there are any more questions, contact Dr. Erin Dunleavy by email at erin.dunleavy2@scranton.edu. If there are any as a participant, contact Kate Yerkes, IRB Administrator, at the IRB Committee Chair, Dr. Bryan Burnham, at bryan.bu	concerns regarding the child's rights t kathryn.yerkes@scranton.edu, or to
(Print Participant's name)	
(Parent/Legal Guardian Signature)	(Date)