

**Vanderbilt University Institutional Review Board
Informed Consent Document for Research**

Principal Investigator: XXXXXXXXXXXX
Study Title: XXXXXXXXXXXX

Version Date: XXXXXX

Appendix E. (Sibling with Disability) Consent Form

This consent document applies to individuals with developmental or other disabilities who are 18 years of age or older, are independent, (no one else is legal guardian) and participate in the XXXXXXXXXXXX.

Name: _____ Age: _____

Name of brother or sister in research study: _____

Below are the answers to some of the questions you may have. If you have any questions about what is written below or have any other questions about this research, please ask them. You will be given a copy of this consent form.

1. Why are you doing this research?

We want to talk to you about you and (name of sister or brother). We want to know what you like to do together now, what things you want to do together when you get older, what you think about changes in your brother or sister's life (add information about transition sibling is going through--e.g. going away to school, moving to a new place, taking a new job).

2. What will I do and how long will it take?

We will talk for about 1/2 hour in your home or a place near where you live. If you like, your sister, brother or parent can be there with you. I will audiotape our talk to help me remember what you said.

3. Do I have to be in this research study and can I stop if I want to?

No, you don't have to talk with us and you can stop at any time. Just tell me you want to stop.

4. Will anyone know that I am in this research study?

Your brother or sister and parent will know that you are doing this. A few people who work on this study at Vanderbilt University will know (the boss of the study, and me). Anything we write about the study will not use your name or the name of the people in your family.

5. How will this research help me or other people?

It may help you think about what you and your brother or sister do together now, how you get along, how you feel about the changes in your sister or brother's life, like (mention type of transition) and what you would like to do together when you get older. It may help people understand how to help people who have disabilities get the help they need to live good lives.

6. Who do I talk to if I have questions?

You can talk with your parent or brother or sister about this if you have questions before, during or after the interview.

Date of IRB Approval: XXXXXX

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Date of IRB expiration: XXXXXX

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7. To agree to talk with us, please sign your name or check the box

Yes, I would like to talk to you about my family.

Date

Signature of volunteer giving consent (or check box if doesn't write)

Consent obtained by:

Date

Signature

Printed name and title

Date of IRB Approval: XXXXXX

Date of IRB expiration: XXXXXX