

Aspirations through time:**The Year 10 transition planning experience of Queensland students on the autism spectrum****QUT Ethics Approval Number 1900000836****Research team**

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Statement of parent/guardian consent**By signing below, you are indicating that you:**

- Have read and understood the information regarding this research project.
- Have had any questions answered to your satisfaction.
- Understand that if you have any additional questions you can contact the research team.
- Understand that you are free to withdraw without comment or penalty. However, you understand that if you decide to withdraw after data has been de-identified and verified, the anonymised data will continue to be analysed and used.
- Understand that if your child decides to withdraw from the study your participation and the participation of the school staff member will automatically cease.
- Understand that if you have concerns about the ethical conduct of the research project you can contact the Research Ethics Advisory Team on 07 3138 5123 or email humanethics@qut.edu.au.
- Understand that the research project will include an audio recording.
- Confirm that your child meets the inclusion criteria for the study – a diagnosis of autism spectrum disorder, he/she is starting Year 10 in a regular school in Queensland (not a special school) in 2021 and he/she does not have an intellectual disability.
- Will discuss with researcher any accommodations and/or adjustment that may be required for your child to participate in the study.
- **Agree to your child participating in the research project.**

Name of parent/guardian _____

Signature of parent/guardian _____

Phone _____

Email _____

Date _____

Please return this signed consent form to the researcher.**Please turn over for the student consent.**

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Research team

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Statement of student consent

Your parent or guardian has given their permission for you to be involved in this research project. This form is to seek your consent to participate in the research.

By signing below, you are indicating that you:

- Have **read and understood** the information about this research project.
- Have **discussed** the research project with your **parent/guardian**.
- Have had any **questions answered** to your satisfaction.
- Understand that if you have any additional questions you can contact the research team.
- Understand that you are **free to withdraw without comment or penalty**. However, you understand that if you decide to withdraw after data has been de-identified and verified, the anonymised data will continue to be analysed and used.
- Understand that if you decide to withdraw your parent/caregiver and school staff member will be automatically excluded from the study.
- Understand that if you have **concerns about the ethical conduct** of the research project you can contact the Research Ethics Advisory Team on 07 3138 5123 or email humanethics@qut.edu.au.
- Understand that the research project will include an **audio recording**.
- **Agree to participate** in the research project.

Name of student _____

Signature of student _____ **Phone** _____

Email _____ **Date** _____

Please return this signed consent form to the researcher.
Please turn over for the parent/guardian consent.