**PARENT CONSENT FORM**

**Study title**: Is interoception associated with alexithymia and anxiety in autistic adolescents?

**Researcher name**: Lauren Craik

**ERGO number**: 79622

***Please initial the box(es) if you agree with the statement(s):***

|  |  |
| --- | --- |
| I have read and understood the information sheet (25/01/2023; Version 1) and have had the opportunity to ask questions about the study. |  |
| I agree for my child to take part in this research project and agree their data to be used for the purpose of this study. |  |
| I understand that my child’s participation is voluntary, and they may withdraw themselves or their data at any time up until 15/01/2024, at which point the data will be anonymised and not able to be withdrawn.  |  |
| I understand that my child will not be directly identified in any reports of the research. |  |

Name of participant (print name)……………………………………………………………………………

Name of parent (print name) ……………………………………………………………………………

Signature of parent……………………………………………………………………………………….

Date……………………………………………………………………………………….. ………………….

Name of researcher (print name)……………………………………………………………………………

Signature of researcher ……………………………………………………………………………………….

Date………………………………………………………………………………………………………………..