

02.08.2021

INFORMED CONSENT FORM

TITLE:

**THE EFFECT OF PEER VIDEO MODELING AND 3D JAW
VIDEOMODELING TRAINING ON ORAL HEALTH AND
TOOTHBRUSHING SKILLS IN CHILDREN WITH AUTISM**

PARTICIPANT INFORMATION AND INFORMED CONSENT FORM

Title of the Study

“Investigating the Effects of Peer Video Modeling and 3D Jaw Video Modeling Training on Oral Hygiene and Tooth-Brushing Skills in Children with Autism Spectrum Disorder”

You are invited to allow your child to participate in a research study described below. Participation in this study is **entirely voluntary**. Before deciding whether to participate, it is important that you understand the purpose of the study, how the information will be used, what participation involves, and the potential benefits or possible inconveniences associated with the study.

Please take sufficient time to carefully read the following information. If you agree to participate, you will be asked to sign the **Informed Consent Form**. You are free to withdraw your child from the study at any time without providing any reason.

Participation in this study will **not involve any payment** to you, and **no financial contribution or materials will be requested** from you. All materials and expenses related to the study will be covered by the researcher.

PURPOSE OF THE STUDY

The primary aim of this study is to determine the **nutritional and oral hygiene habits of children with autism spectrum disorder (ASD)** and to examine the effects of these habits on oral and dental health. The study also aims to evaluate children's access to dental treatments and to assess **oral health–related quality of life from the parents’ perspective**.

In addition, the study aims to improve children’s oral hygiene habits through **peer video modeling and 3D jaw model video modeling**, and to compare the effectiveness of these two educational approaches in improving tooth-brushing performance.

The **secondary aim** of the study is to incorporate oral hygiene training into individualized education programs in order to help children with ASD develop independent oral care skills. Enabling children to perform oral care independently, similar to typically developing children, may support preventive oral health practices. This may reduce the need for costly dental treatments and help prevent dental problems that negatively affect children’s quality of life.

Interventions that promote oral hygiene practices in the home environment may represent one of the most effective strategies for improving oral health outcomes in this population.

This study will **not cause any harm to your child**. The research will be conducted with **120 volunteer children attending Hamit İbrahimiye Special Education School**. Your child's participation is entirely voluntary. Even if you sign this consent form, you may withdraw your child from the study at any time without any consequences.

Within the scope of the study, your child’s oral and dental health will be examined by an **experienced dentist**, and no procedures that may cause pain or harm will be performed. The

purpose of the study is solely to evaluate the **oral health status and tooth-brushing ability of the child**.

The study period for your child is planned to be **six months**. Oral health examinations will be conducted **at the beginning of the study and at the 1st, 3rd, and 6th months**.

STUDY PROCEDURES

Within the scope of this study, your child will undergo an **oral and dental examination conducted by a qualified dentist**. No invasive procedures or interventions that could cause discomfort will be applied.

Participation in the study will **not require any financial payment**.

POSSIBLE BENEFITS OF PARTICIPATION

Helping children develop independent tooth-brushing habits may reduce the caregiving burden on parents. For children with autism, establishing routines can reinforce positive behaviors and improve daily self-care skills.

Through improved oral hygiene habits, the study may help prevent dental problems that negatively affect children's quality of life. Additionally, preventive oral care practices may reduce the need for expensive dental treatments.

COSTS OF PARTICIPATION

Participation in this study will **not impose any financial burden** on you. No payment will be made to participants.

VOLUNTARY PARTICIPATION

Participation in this study is **completely voluntary**. Even if you sign this form, you are free to withdraw from the study at any time without providing any reason.

If you choose not to participate or decide to withdraw during the study, this will **not affect the care or services provided to your child**. The researcher may also decide to discontinue your child's participation if continuing in the study is considered not beneficial for the child.

CONFIDENTIALITY OF PERSONAL INFORMATION

The researcher will use personal information only for the purpose of conducting the study and performing statistical analyses. All personal information will be kept **confidential**.

Only authorized individuals, such as **ethics committees or relevant regulatory authorities**, may review the data when necessary. The results of the study may be published in scientific journals; however, **participants' identities will not be disclosed**.

At the end of the study, you have the right to request information about the results related to your child.

CONTACT INFORMATION

If you have any questions or concerns regarding the study, you may contact:

Name: Müzeyyen Beste ŞERMET

Position: Nurse

Phone: +90 507 934 2191

CONSENT TO PARTICIPATE

I have discussed the above information with the researcher and had the opportunity to ask questions. All my questions have been answered satisfactorily. I have read and understood this informed consent form and voluntarily agree for my child to participate in this research study.

I understand that this consent does not invalidate any applicable laws or regulations. The researcher has provided me with a copy of this document for my records.

Participant / Parent / Legal Guardian

Name: _____

Signature: _____

Date: _____

Researcher

Name: _____

Signature: _____

Date: _____