

## UCL Infant & Child Language Research Centre

### Who we are

We are a group of researchers at University College London who are interested in language, reading, and hearing. We run research studies with children, including both typically developing children and children with hearing, language and other developmental difficulties. Our studies contribute to a better understanding of children's development. Often, the aim is to improve care for children who experience developmental difficulties.



Photos on this page by Steve Newton/ UCL

### How you can help

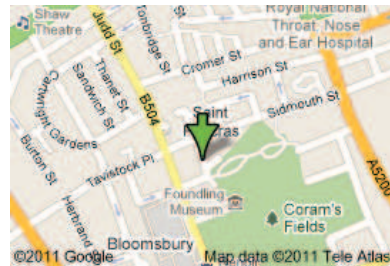
We are looking for families to volunteer to take part in our research. We would like to invite you and your child to visit our child-friendly facilities. Depending on the study, we might assess your child's spoken language, reading or hearing abilities. We will present the activities to your child as games, not tests! We are experienced in working with children and try to make research fun. We will reimburse your travel expenses.



If you are interested in taking part, please complete the attached questionnaire. Alternatively, you can fill it in online: <http://www.ucl.ac.uk/silva/icl/volunteers>. We will add your child's name to our database of research volunteers, so we can contact you to invite you to take part in new studies. You can always say 'no', and you can ask to be removed from the database at any time.

### Where we are

Our child-friendly facilities are based in Chandler House (2 Wakefield Street, London, WC1N 1PF), near Kings' Cross/ St. Pancras. There are a range of attractions and activities nearby for families to explore, including the Brunswick Centre and Lambs Conduit Street for food and shopping, Coram's fields for outdoor fun, and the British Library Museum, the British Museum, and the Charles Dickens Museum for culture.



For more information, please go to our webpage: <http://www.ucl.ac.uk/silva/icl>



## ICL Research Centre Database Confidential Questionnaire

"I agree for the details in this questionnaire to be stored securely and accessed by members of the ICL Research Centre, and to be invited to participate in future studies. All data will be collected and stored in accordance with the Data Protection Act 1998. I understand that I can ask for my child's details to be deleted from the database at any time. This decision will not have any consequences for my future relations with UCL."

"I want to be informed about ICL events, such as open days, seminars etc." (optional)

Signature ..... Date .....

Child's name .....

Gender: M  F  Date of birth .....

Your name .....

Address .....

Email address.....

Phone number....

Your relationship to the child: Mother  Father  Other  - please specify:

Are any **languages other than English** used with your child (including Sign Language)? Yes  No  If yes: For each language, please explain who uses it with your child, and how often.

Language	Used with	How often
English	.....	.....

Does your child have any **neurological, medical or learning difficulties**?  
e.g. attention deficit hyperactivity disorder, autism, cerebral palsy, dyslexia, dyspraxia, epilepsy, specific language impairment, speech/language impairment, other

Yes  No  If yes, please specify: .....

Has your child ever had **middle ear infections** (otitis media) and/ or **problems with hearing**? Never  Occasionally  Often  Don't know

Does your child have a **permanent hearing loss**? Yes  No   
If yes, please answer the questions on the reverse side.

**How severe** is your child's hearing loss now?

Mild  Moderate  Severe  Profound  Don't know

**How old** was your child when the hearing loss was diagnosed?

.....years ..... months

**What kind** of hearing loss was diagnosed?

Sensorineural/Cochlear  Conductive  Mixed

Auditory neuropathy/dys-synchrony  Don't know

Other  (please specify) .....

What is the **cause** of your child's hearing loss?

Genetic  Meningitis  CMV

Don't know  Other  (please specify) .....

Does your child have **hearing aids**? Yes  No

*If yes:* what type are they, which ear is aided, and when did your child receive the aid(s)?

Type .....

Ear: Left  Right  Both  Year ..... Month .....

Type .....

Ear: Left  Right  Both  Year ..... Month .....

Does your child have **cochlear implant(s)**? Yes  No

*If yes:* what type are they, which ear the implant is in, and when did your child receive the implant(s)?

Type .....

Ear: Left  Right  Both  Year ..... Month .....

Type .....

Ear: Left  Right  Both  Year ..... Month .....

**Thank you very much for your time!**

**Please send this form to: FREEPOST UNIVERSITY COLLEGE LONDON,**

**Lorna Halliday, Chandler House, WC1N 1PF, ICL.**



## Infant & Child Language Research Centre

### Please help with our research into children's language

**How does your child learn to speak?**

**How does your child learn to read?**

**What does your child hear?**



Photo by Philip Meech/RNID