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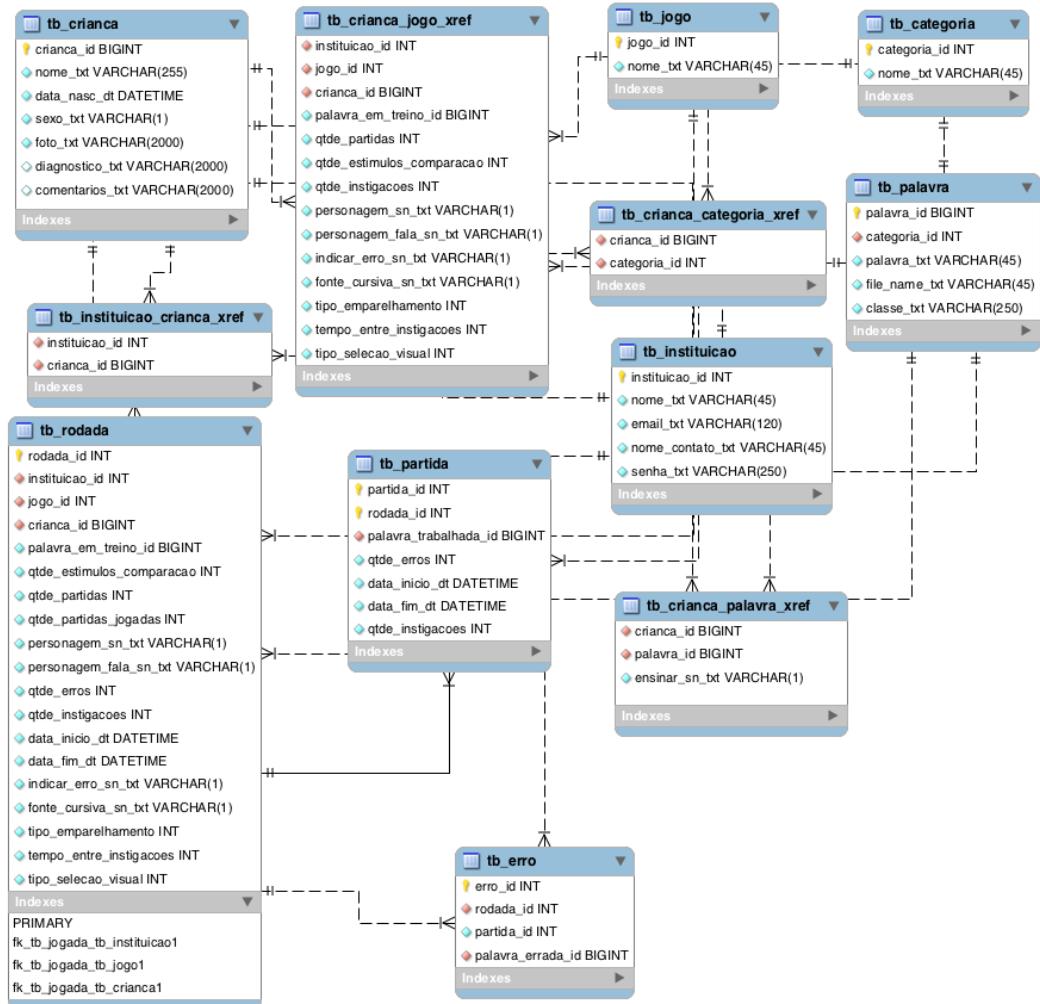
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A. Modelo de Dados



B. Termo de Consentimento Livre e Esclarecido



TERMO DE CONSENTIMENTO LIVRE E ESCLARECIDO

1. NATUREZA DA PESQUISA

Você e seu (sua) filho (a) estão sendo convidados a participar de uma pesquisa sobre aquisição de vocabulário usando o computador intitulada *Desenvolvimento e avaliação de jogos de computador para crianças com autismo*, sob orientação da Profa. Dra. Simone Diniz Junqueira Barbosa, do Departamento de Informática da Pontifícia Universidade Católica do Rio de Janeiro (PUC-Rio) e com o apoio da Profa. Dra. Carolina Lampreia, do Programa de Pós-Graduação em Psicologia Clínica do Departamento de Psicologia da Pontifícia Universidade Católica do Rio de Janeiro (PUC-Rio).

A pesquisa tem como finalidade investigar o impacto do uso de um programa de computador na aquisição de vocabulário em crianças com autismo.

Seu filho(a) poderá ser filmado(a) em sessões semanais com duração de 15-30 minutos. Ao todo serão realizadas 10 sessões.

2. DESCONFORTOS, RISCOS E BENEFÍCIOS

A participação neste estudo não traz complicações, riscos ou desconforto para os participantes. Os procedimentos utilizados nesta pesquisa seguem as normas estabelecidas pelo Estatuto da Criança e do Adolescente (LEI No. 8.069, de 13/07/1990) e não oferecem nenhum risco à integridade física, psíquica e moral de seu(sua) filho(a).

Ao participar desta pesquisa você e seu(sua) filho(a) não deverão ter nenhum benefício direto. Entretanto, esperamos que esta pesquisa informe-nos sobre a possibilidade de se usar o computador para ensinar novas palavras para

crianças com autismo. No futuro, essas informações poderão ser utilizadas em benefício de crianças brasileiras com o transtorno e suas famílias.

3. FORMA DE ACOMPANHAMENTO, ASSISTÊNCIA E ESCLARECIMENTOS

Você não terá nenhum tipo de despesa por participar desta pesquisa e nenhum valor monetário será pago por sua participação. Entretanto, a fim de retribuir a disponibilidade do responsável pela criança para com a pesquisa, após as sessões, um membro responsável pela pesquisa estará disponível com o objetivo de esclarecer dúvidas e oferecer informações sobre o desenvolvimento da criança. O valor do transporte ou estacionamento será reembolsado.

Você também poderá receber cópias dos relatórios da pesquisa contendo os resultados do estudo.

Sempre que julgar necessário você poderá solicitar mais informações sobre a pesquisa entrando em contato com o pesquisador pelos telefones (21) 9679-3005, (21) 3387-7865, (21) 2483-6706 ou pelo e-mail: rafaelmcunha@gmail.com

4. LIBERDADE DE RECUSA E RETIRADA DE CONSENTIMENTO

Vocês foram selecionados por apresentarem os requisitos básicos para o procedimento a ser utilizado na pesquisa e sua participação não é obrigatória. A qualquer momento você e seu filho(a) podem desistir de participar e retirar seu consentimento. Sua recusa não trará nenhum prejuízo em sua relação com o pesquisador e com a instituição.

5. GARANTIA DE SIGILO

Todas as informações coletadas neste estudo são estritamente confidenciais. Os vídeos serão identificados com um código, e não com o seu nome ou o nome de seu (sua) filho(a). Apenas os pesquisadores terão conhecimento dos dados. Se você der a sua autorização por escrito, assinando a Permissão para Utilização de Imagens em Vídeo, os dados poderão ser utilizados para fins de ensino e durante encontros e debates científicos.

Eu, _____, abaixo assinado, declaro que:

- 1) Recebi informações detalhadas sobre a natureza e objetivos do estudo acima, destinado a investigar o impacto do uso de um programa de computador na aquisição de vocabulário em crianças com autismo, sendo que a minha participação e de meu filho não implicará em nenhum ônus;
- 2) Autorizo voluntariamente a participação de meu filho(a) no estudo acima: a) oferecendo informações por meio de entrevistas se necessário e b) autorizando o uso destas informações para finalidades científicas e acadêmicas, desde que garantido sigilo sobre minha identidade e a identidade do(a) meu(minha) filho(a);
- 3) Tenho conhecimento de que sou livre para desistir de participar do estudo a qualquer momento, com garantias de não ocorrência de constrangimentos ou represálias, sem necessidade de justificar minha decisão e, neste caso, comprometo-me a avisar o pesquisador;
- 4) Tenho conhecimento de que minha participação é sigilosa, isto é, que minha identidade não será divulgada em qualquer publicação, relatório ou comunicação científica referentes aos resultados da pesquisa;
- 5) Estou de acordo que as atividades previstas no estudo não representam nenhum risco para mim e meu filho(a) ou para qualquer outro participante,

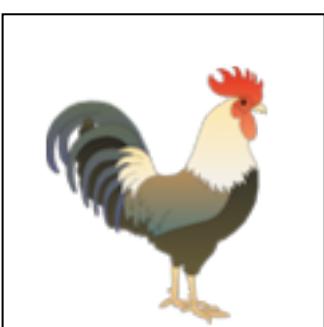
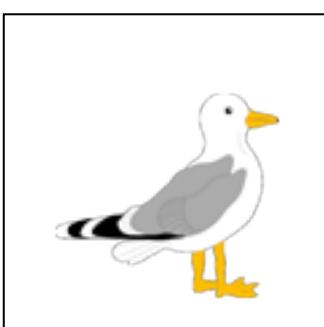
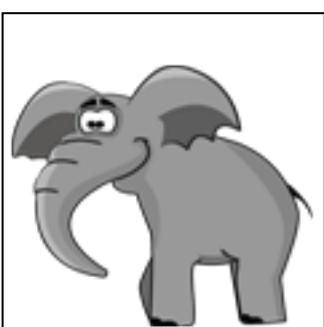
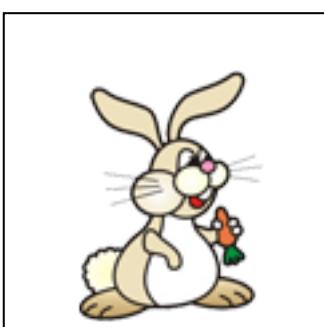
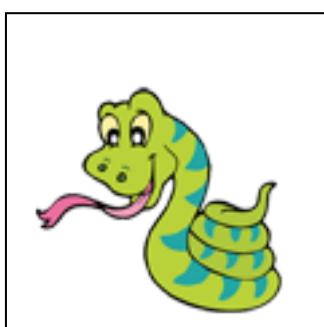
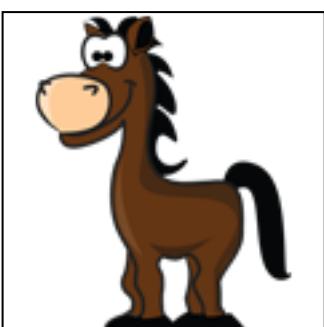
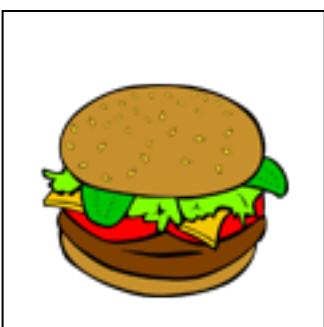
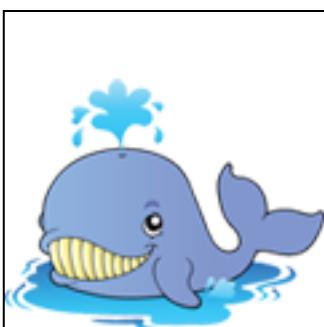
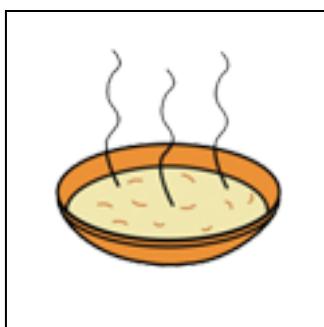
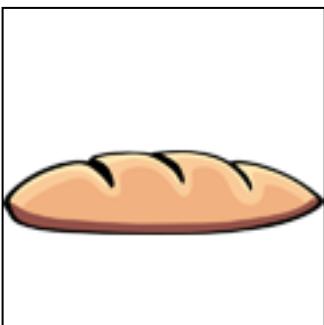
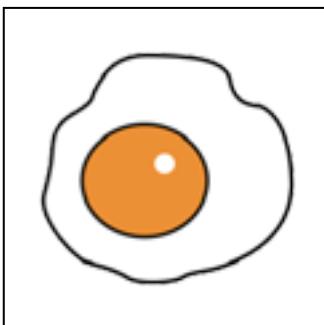
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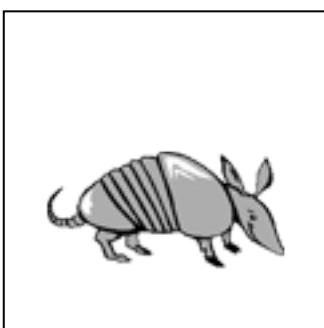
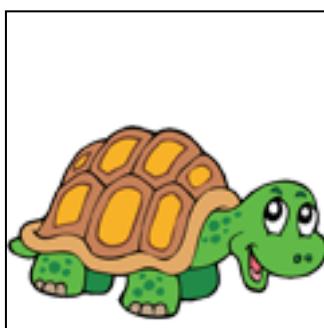
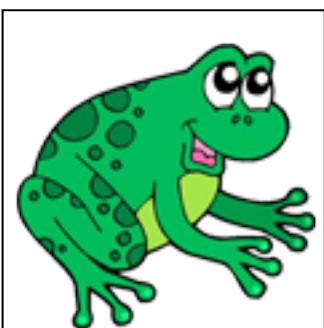
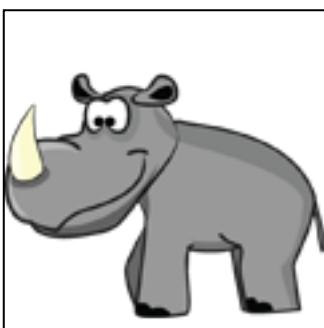
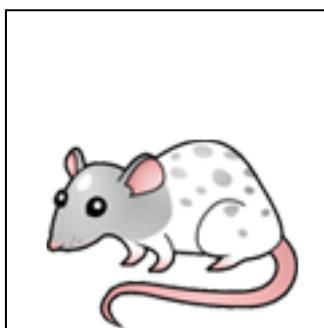
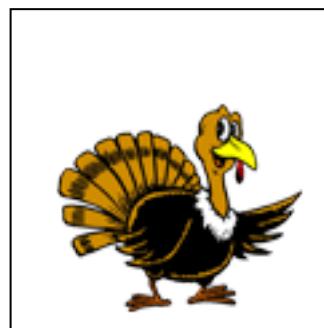
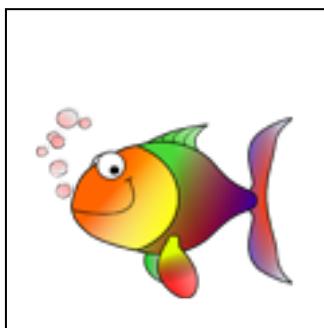
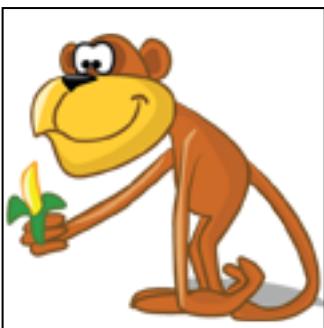
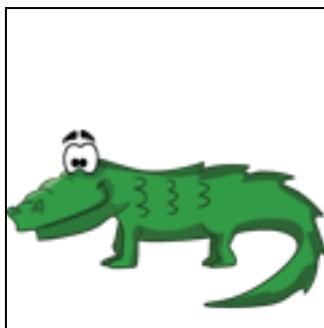
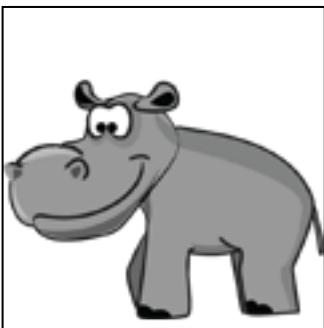
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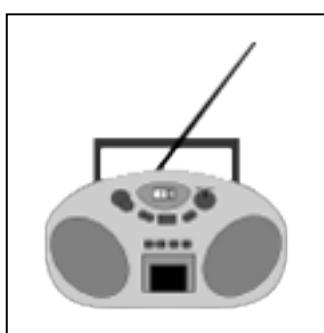
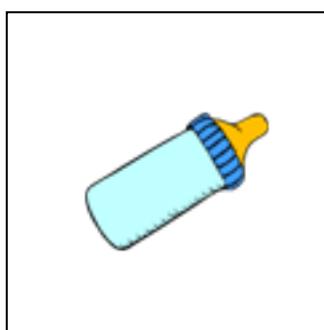
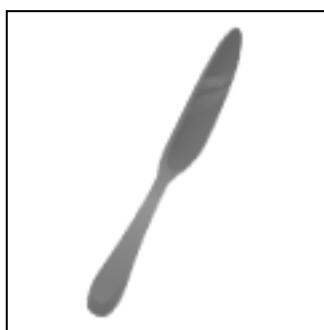
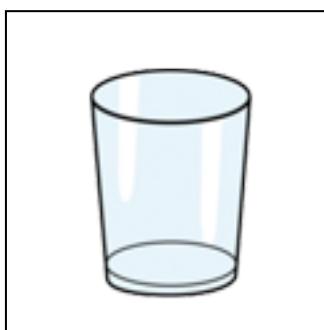
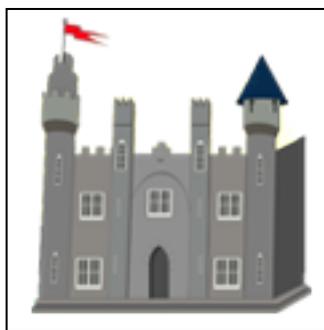
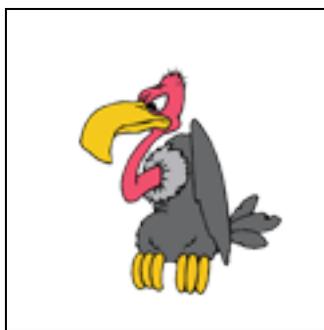
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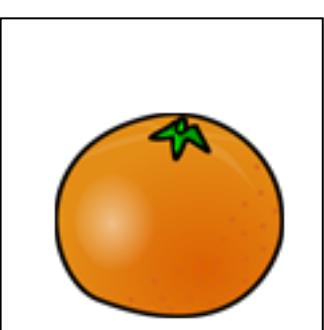
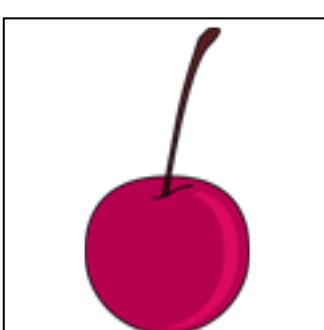
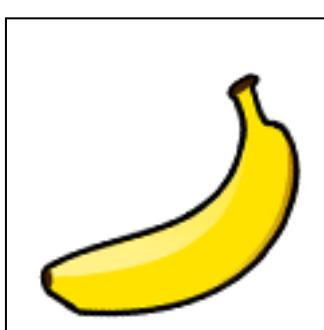
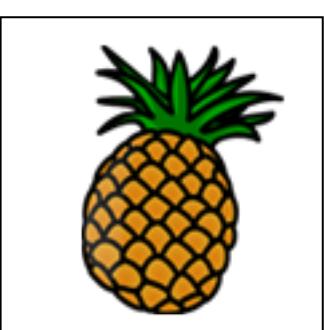
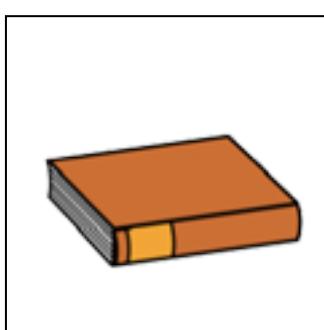
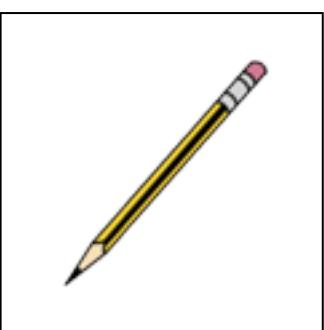
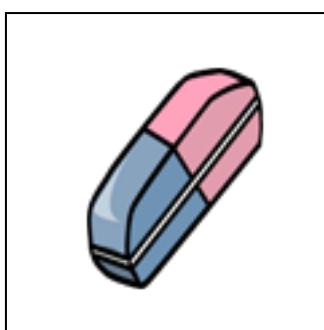
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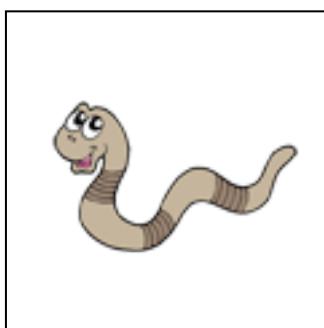
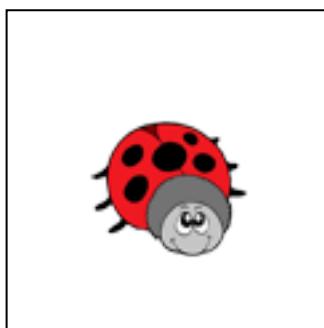
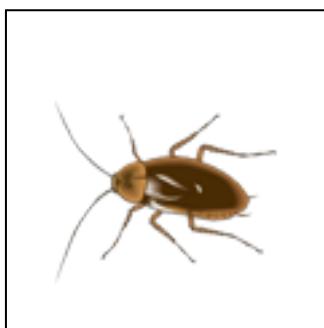
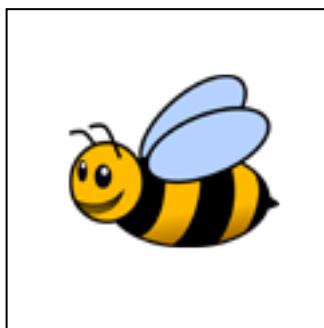
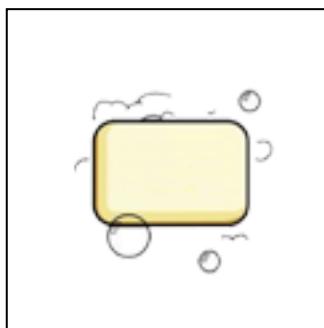
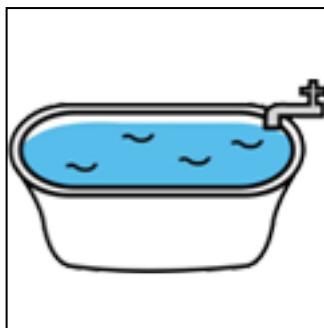
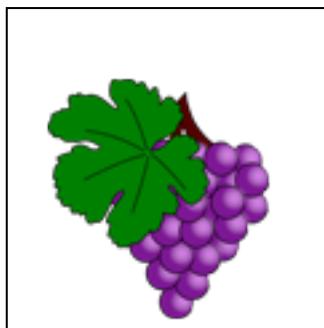
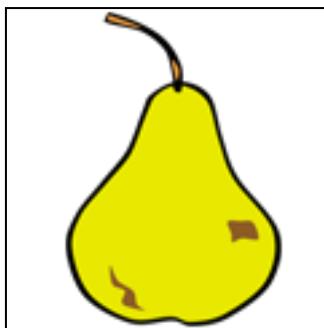
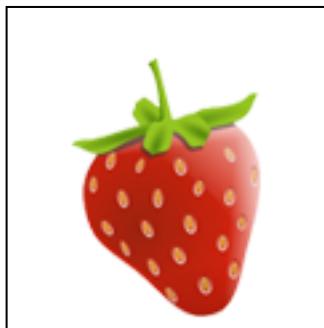
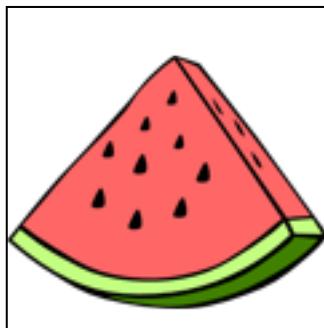
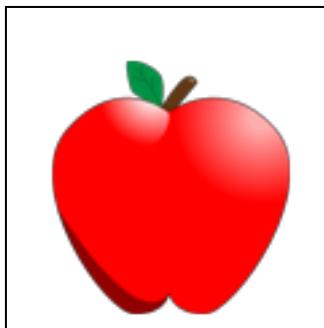
Rafael Moreira Cunha

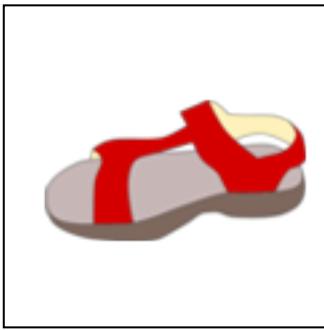
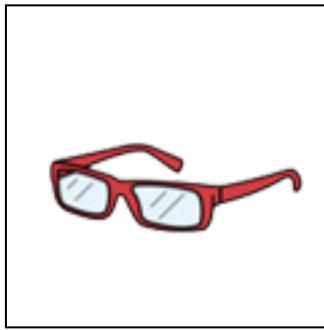
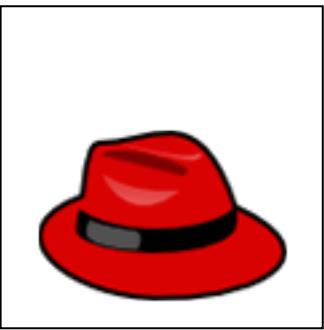
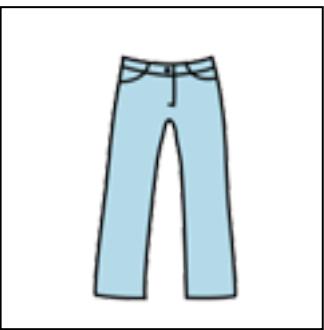
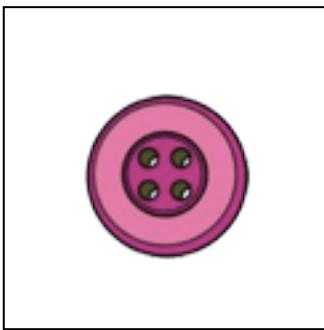
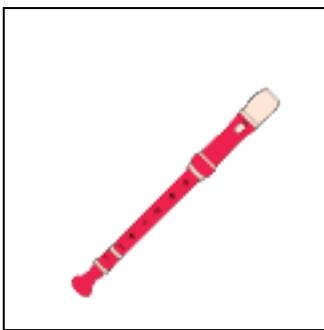
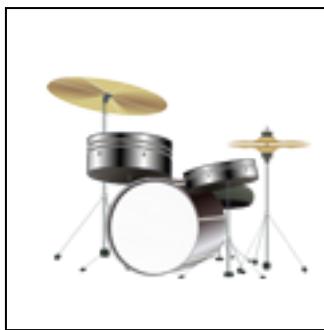
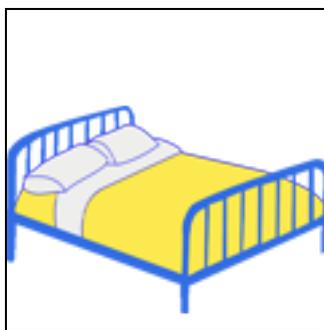
C. Figuras das sessões não informatizadas

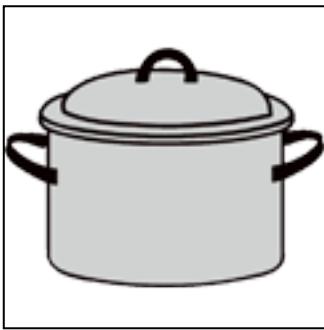
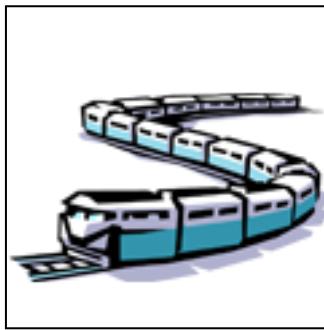
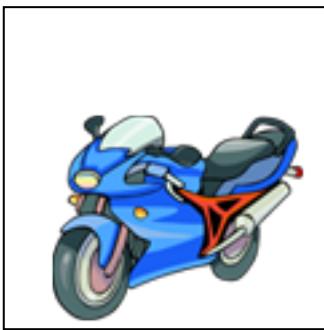
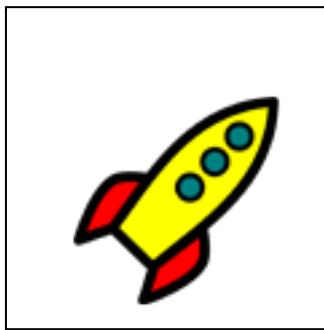
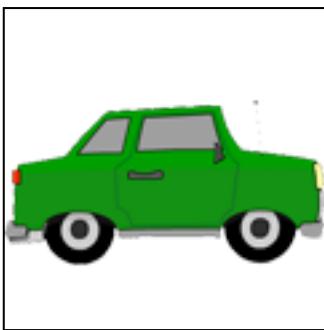
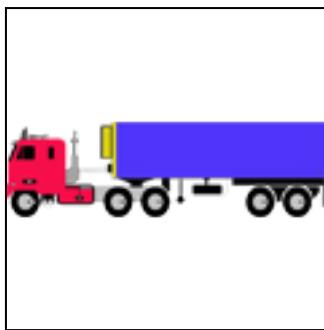
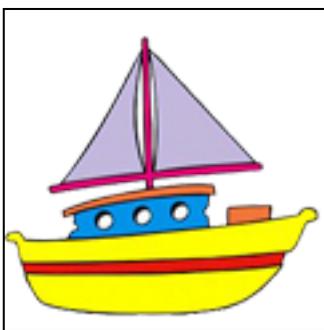


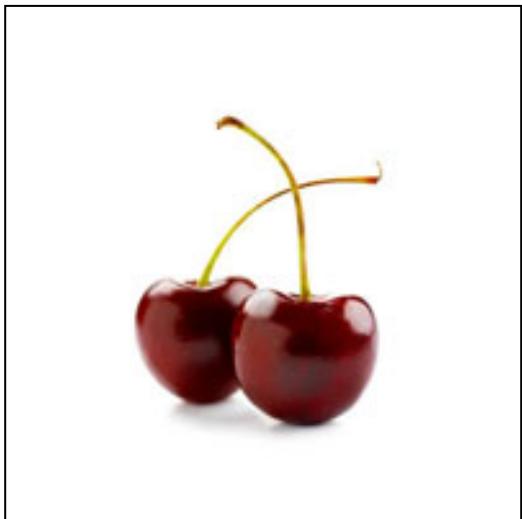










D. Fotos usadas na etapa de para verificar a generalização











E. Folha para notas e observações

Notas e Observações

Nome da criança: _____

Comportamento: E = Excelente, B = Bom, A = Aceitável, R = Ruim, T = Terrível

Favorável ao treino: S = Sim, N = Não

Data	Hora início	Hora Fim	Palavra Treinada	Comportamento	Favorável ao treino

Anotações