

## RNBC Research Contact Form

In addition to providing clinical services at Rush NeuroBehavioral Center, the Research Department is also committed to learning about social emotional-learning in children and developing new ways to assess and treat any difficulties. The research team conducts several ongoing projects focused on social-emotional learning. At times, we are interested in working with children who have a specific diagnosis. Other times, we are interested in working with children for general research studies, those who do not necessarily have a specific diagnosis. The knowledge gained from these studies may provide direct benefit to your child and may also affect the future of social emotional assessment and treatment. Therefore, we would like to offer the families from our patient base the opportunity to participate in these studies.

Please indicate below whether you are interested in being contacted for a diagnosis-specific research study, general population study, intervention study, or all that may apply. Please also indicate how you wish to be contacted. Once contacted, you will learn about the study and have the option whether or not to participate in the study at that time.

If, at any time, you wish to change your status and be added or removed from the contact list, please contact our office. Thank you for your consideration.

**Please contact me for (please check all that may apply)**

- Research studies specific to my child's diagnosis**
- General research studies**
- Intervention studies**

**Please contact me via (please check all that may apply)**

- Email
- Postal Mail
- Telephone

**I do not wish to be contacted. I will not be added to the list and I will not receive any further contacts.**

Name: \_\_\_\_\_

Please provide your name even if you do not wish to be contacted. This will allow us to keep your name off any of our research contact databases.

Child/Children Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Street

City

State

Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The following questions are *optional* to complete.

Your child's date of birth: \_\_\_\_\_

Your child's grade: \_\_\_\_\_

Your child's diagnosis: \_\_\_\_\_

