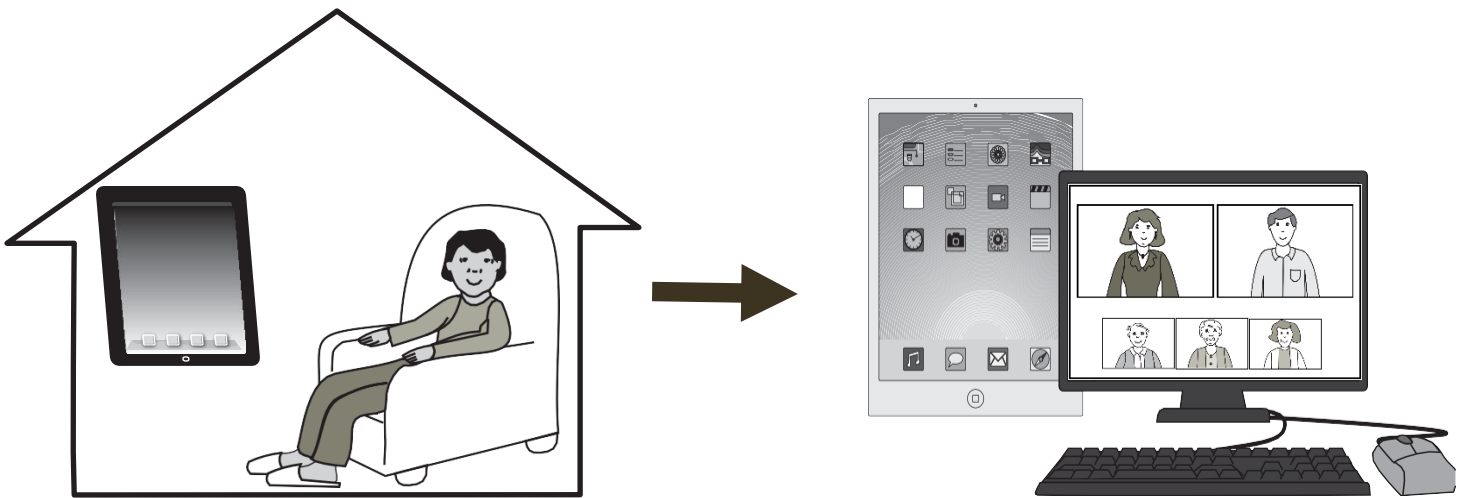
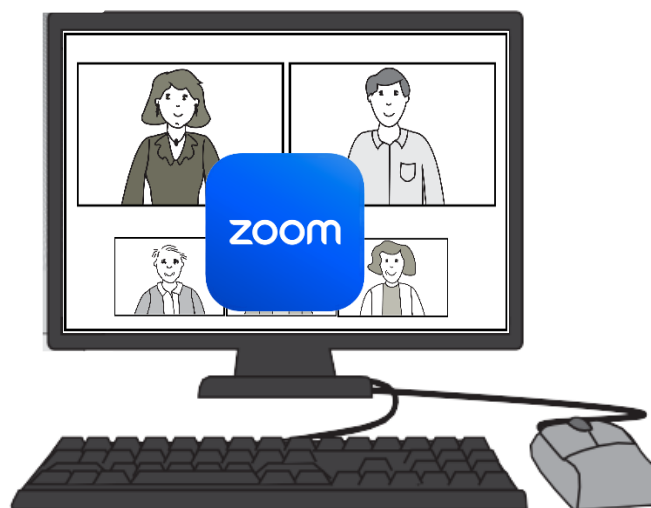


On-line Programming Consent Form



We would like to **meet** with **you** on **Zoom**



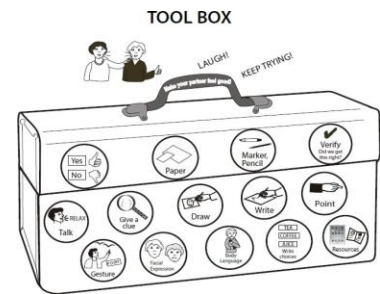
Potential Benefits



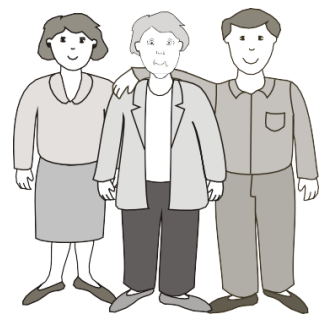
Learn more about aphasia



Learn about ways to make communication easier



Meet new people



Staff Member Volunteer

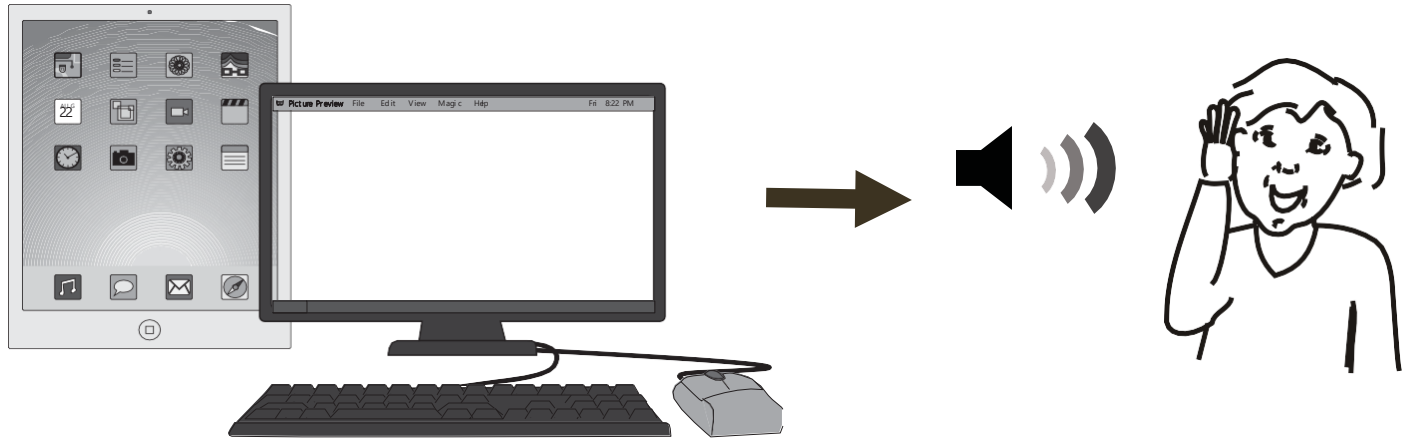


Participate in
Programs and services



Potential Risks

- ✗ There is a **risk** of other people **hearing** the **conversation**



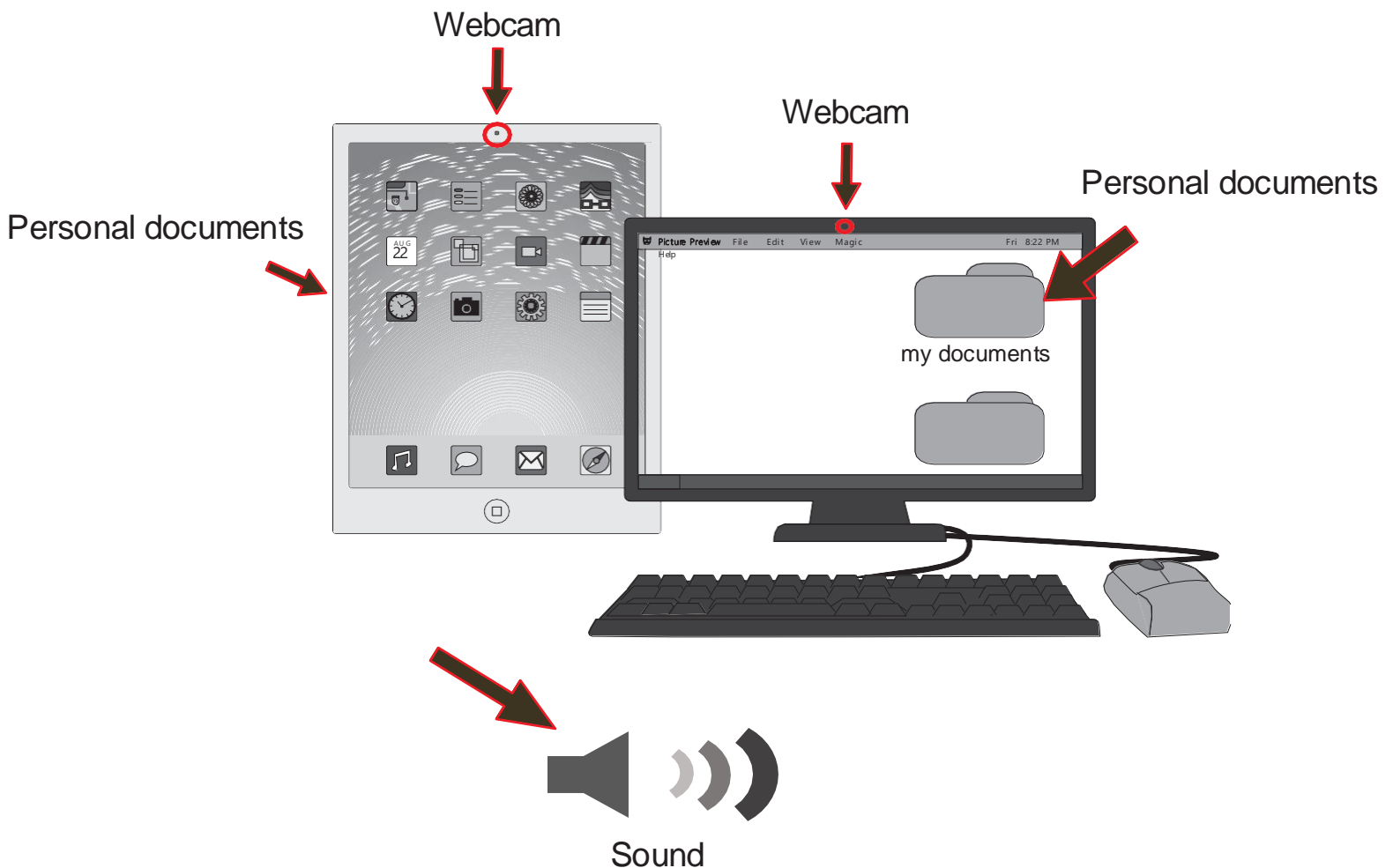
- ✗ There is a **risk** of **someone** **interrupting** the **conversation**



Potential Risks



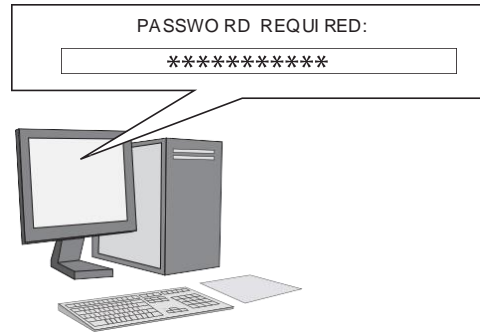
There is a **risk** of **someone accessing your ...**



We are doing **our best** to **reduce** the **risks**



We are using a **secure platform**



You can **stop**
at **any time**



It is **your choice**



It is **ok to stop**

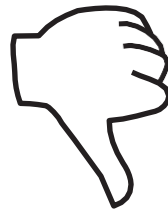
Stop



Do you have any questions?

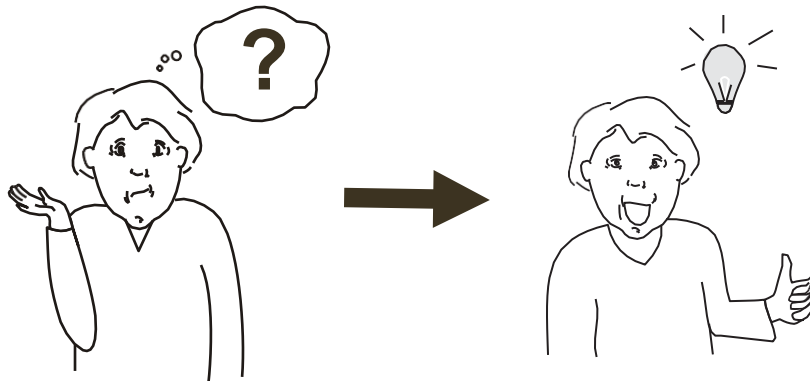


YES



NO

Do you understand?



YES



NO

I agree to participate in on-line assessment and programs



YES



NO



Signature of participant

Date

Signature of Witness

Date

Signature of Family/Friend

Date

Signature of Witness

Date