

(NOTE: you can mail this and the survey back to 4 Benjamin Green Lane, Mahopac, NY 10541 or fax it to 914 248 9658 – separately from the survey, if you wish to maintain anonymity)

Hi, Thank you in advance for participating in our project which we hope will yield insight into the world of what it is like to have a sibling with special needs.

We are three high school science research students working under the guidance of Rose Rothe (SPARC - NY), Michael Blueglass (Yorktown HS) and Greg Horrace (Somers HS) on our project, “The Effects of Children with Special Needs on Their ‘Typically’ Developing Siblings”

We have consulted with numerous students and adults that have grown up with a sibling with special needs to create this survey. In addition, we have had input from many professionals in the field of special education.

The results of this study will be completely anonymous. In order to gain consent yet maintain anonymity, we are asking that you and your “typically developing” son/daughter read and sign the bottom of this sheet. Then tape or staple it closed and send it back with the survey. You can also fax the consent form back at a different time from your survey to maintain anonymity if you wish

After you complete the parent survey (page 7,8), and your son/daughter completes pages 1-6, please put all eight pages in the large manila envelope as well. Please return them within a week of receiving this letter.

Thank you again ☺

Tyler Lipperman, Morgan Blueglass, Elyse Blueglass

If you have any questions about this study and/or would like to see the results, feel free to contact our science research teacher: Michael Blueglass – Yorktown HS Sci. Res. Prog. 914-243-0561 yorktownhusker@aol.com

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### Comments from Professionals:

*“As you may know, I am quite cautious about posting notes from researchers, journalists, and students who wish to tap into our lists for the purposes of research, articles, or school projects. However, I have been contacted by three high school students who seem to be genuinely interested in sibling issues and have given careful thought to their topic, the information they wish to collect, and how they are going to collect it. If you would like to help these budding researchers with their project, please read the information and consider dropping them a line. Although their results may never be published in a scholarly journal, they do wish to disseminate their findings. At the very least, it will help their fellow students, parents, and teachers learn more about sibling issues—and may even steer one of them towards a career working with families.*

Don Meyer – Director, Sibling Support Project ([www.siblingsupport.org](http://www.siblingsupport.org))

*“When I saw the level of ambition, sophistication and sensitivity of this project, I expected the outreach was from college students. It is inspiring to see high school students take on research of this magnitude. My conversations with Tyler, Elyse and Morgan have proven their insight, capability and dedication to conduct this meaningful study and make a real difference to the families living with autism daily. Their advisor, Michael Blueglass, has a long record of award winning research students he has mentored and I am excited to be of any assistance to them.”*

Rose Rothe - Special Program And Resource Connection Executive Director-NY ([www.sparcinc.org](http://www.sparcinc.org))

*“I believe that this represents the best of the future generation of professionals who will help us resolve the epidemic that is Autism. I feel happy to be a small part in the large effort they are making”*

Mindy Cohen – Director of Special Needs Services-NY ([www.jcconthehudson.org](http://www.jcconthehudson.org))

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### Voluntary Participation:

Participation in this study is completely voluntary.

If you decide not to participate there will not be any negative consequences.

Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question.

By signing this form I am attesting that I have read and understand the information above and I freely give my consent to participate as well as permission for my child to participate.

**Parent/Guardian** Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Student Participant** Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_