



Boston College Parental Permission Form

Language Learning Lab, Department of Psychology Parental Permission for a Child to Participate in a Study of Language Development Joshua K. Hartshorne

Introduction: Your child is being asked to be in a research study of language development. Our laboratory is trying to understand what children know about language at different ages and how they come to know it. Your child was selected as a possible participant because he or she is seven years old or younger. We ask that you read this form and ask any questions that you may have before giving permission for your child to be in the study.

Purpose of Study: The purpose of this study is to understand how children learn language.

Description of Study Procedures: If you give permission for your child to be in this study, your child will answer questions about images or videos, work with small objects and follow instructions, or try to understand new words or sentences that s/he has not heard before. The study will take approximately _____ minutes to complete.

Risks to Being in Study: There are no expected risks. This study may include risks that are unknown at this time.

Benefits of Being in Study: There are no direct benefits to your or your child. However, you and your child may learn something about science, and you will be contributing to furthering humanity's scientific knowledge.

Costs and Compensation: There is no cost for your child to participate in this research study. Your and your child will not receive any compensation.

Confidentiality: In any report we publish, we will not include information that would make it possible to identify your child (except as agreed upon in the videotaping consent below). In fact, your child's name will not be associated with your data even in our own files.

Record of your participation in this study will be kept in a locked file cabinet or in a secure computer drive. Only the research team has regular access to this information. However, the Institutional Review Board at Boston College, internal Boston College auditors, and government agencies may audit the research records.

Voluntary Participation/Withdrawal: Your child's participation is voluntary. If you choose not to give permission for your child to participate or if your child does not agree to participate, it will not affect your or your child's current or future relations with the University. Your child is free to withdraw at any time, for whatever reason. There is no penalty or loss of benefits for not taking part or for stopping your participation.

Contacts and Questions: If you have questions or concerns about this research, you may contact the Principal Investigator at 617-552-0463 or at joshua.hartshorne@bc.edu. If you believe you have suffered an injury as a consequence of participation in this study, please contact the Principal Investigator. If you have questions about your rights as a research participant, you may contact the Office for Research Protections, Boston College, at 617-552-4778 or irb@bc.edu.

Copy of Consent Form: You will be offered a copy of this form to keep for your records and future reference.

Child's Name _____

Child's Date of Birth _____

Child's Classroom _____

Language child first began to speak: _____

Language(s) spoken at home with child: _____

If English is not your child's first language, when did s/he begin to speak English? _____

Consent Signature: Your signature below indicates that you have read and understand the information in the study summary, that you willingly agree for your child to participate, that you may withdraw your consent and stop participation at any time without penalty or loss of benefits, that you will receive a copy of this form, and that signing this consent agreement does not limit any of your legal rights. I understand that in cases of suspected child abuse, the researcher is required by law to report the abuse to the appropriate authorities.

Parent's Name _____

Signature _____ Date _____

Video Recording:

We would like to videotape your child's participation in this study. This will help us ensure that we record your child's responses correctly. You do not have to agree to this in order for your child to participate in this study, though we would appreciate it if you did.

I agree for my child to be videotaped for this study:

Parent's Signature : _____ Date _____

We would like to be able to show clips from videos at scientific talks and presentations. We would also like to be able to share the videos with researchers and other interested persons. This will help people understand this study better. If you agree to allow us to share the video, please sign below.

Parent's Signature : _____ Date _____

I consent to share demographic information with the Boston College developmental psychology labs (ABCD Labs)

Yes

No