The University of Arizona Parental Permission For Child’s Participation in Research

Study Title: Effects of Phonetic Variation in Word-learning
Principal Investigator: Andréa Davis, MA

This is a parental permission form for research participation.
It contains important information about this study and what to expect if you permit your child to participate. Please consider the information carefully. Feel free to discuss the study with your friends and family and to ask questions before making your decision whether or not to permit your child to participate.

Participation is completely voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled, and you may discontinue participation at any time without penalty or loss of benefits.

Why is this study being done?
This study involves research. The purpose of this study is to research the role of phonetic variation in word learning.

How many people will take part in this study?
Up to 120 people will be enrolled in this study.

What will happen if my child takes part in this study?
I will ask your child to look at pictures of various objects that should already be familiar to him or her, and to tell me what they are called. I will write down your child’s pronunciation, using phonetic symbols.
After a little break, your child will listen to and learn some words from a made-up language. Your child will then be asked if the words are being correctly pronounced.
You will be invited to fill out a questionnaire, containing questions about your child’s background and language proficiency; you may answer as many or as few questions of the questions as you feel comfortable answering. Your or your child’s name will not be associated with the questionnaire.
The experiment will be recorded with a video camera, and with an mp3 recorder.

How long will my child be in the study?
Your child’s participation will last between 15–60 minutes, and will take place during a single visit.
Can my child stop being in the study? Your child’s participation is voluntary.
You or your child may refuse participation in this study. If your child takes part in the study, you or your child may decide to leave the study at any time. No matter what decision you make, there will be no penalty to your child and neither you nor your child will lose any of your usual benefits. Your decision will not affect your future relationship with The University of Arizona. If you are or your child is a student or employee at The University of Arizona, your decision will not affect your grades or employment status.

What risks, side effects or discomforts can my child expect from being in the study?
The things that your child will be doing have no more risk than he or she would come across in every day life. It is possible that your child may become bored or fussy.

What benefits can my child expect from being in the study?
There is no direct benefit to your child by being in this study. What the researchers find out from this study will help to advance the body of scientific knowledge.

What other choices does my child have if s/he does not take part in the study?
You or your child may choose not to participate without penalty or loss of benefits to which you are otherwise entitled.

Will my child’s study-related information be kept private?
Efforts will be made to keep your child’s study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your child’s participation in this study may be disclosed if required by state law.
Also, your child’s records may be reviewed by the following groups:
☐ Office for Human Research Protections or other federal, state, or international regulatory agencies
☐ The University of Arizona Institutional Review Board or Office of Responsible Research Practices

What are the costs of taking part in this study?
Aside from your child’s time and transportation to and from the University of Arizona, there are no costs for taking part in the study.

Will I or my child be paid for taking part in this study?
Your child will not be paid to be in this study. He or she will receive stickers or a small toy.
What are my child’s rights if s/he takes part in this study?

If you and your child choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By signing this form, you do not give up any personal legal rights your child may have as a participant in this study.

You and your child will be provided with any new information that develops during the course of the research that may affect your decision whether or not to continue participation in the study.

You or your child may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled. An Institutional Review Board responsible for human subjects research at The University of Arizona reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

13. Who can answer my questions about the study?

For questions, concerns, or complaints about the study you may contact the Principle Investigator, Andréa Davis, MA at 707-486-4980. For questions about your child’s rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the Human Subjects Protection Program at 520-626-6721 or orcr.arizona.edu/hspp.

Signing the parental permission form

I have read (or someone has read to me) this form and I am aware that I am being asked to provide permission for my child to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to permit my child to participate in this study. I am not giving up any legal rights by signing this form. I will be given a copy of this form.

_____________________________________________
Printed name of subject

______________________________________________
Printed name of person authorized to provide permission for subject

______________________________________________
Signature of person authorized to provide permission for subject

________________________________________
_____________________
AM/PM

Relationship to the subject

Date and Time

Version 08-28-2013
I have explained the research to the participant or the participant’s representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the participant or to the participant’s representative.

____________________________________  ________________________________________
Printed name of person obtaining consent  Signature of person obtaining consent

___________________AM/PM
Date and Time