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

HOW MUCH INPUT IS REQUIRED FOR INFANT LANGUAGE
LEARNING: EXPLORING THE DISTRIBUTION OF TYPES AND TOKENS

Principal Investigator: LouAnn Gerken, PhD.

Sponsor: National Science Foundation

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.

Your child may or may not benefit as a result of participating in this study. Also, as explained below, your child’s participation may result in unintended or harmful effects for him or her that may be minor or may be serious depending on the nature of the research.

Why is this study being done?
Your child is being invited to participate voluntarily in the above-titled research project. The purpose of this is to gain a better understanding of how infants learn language.

How many people will take part in this study?
Approximately 4500 subjects will be enrolled in this study.

What will happen if my child takes part in this study?
If you agree that your child will be allowed to participate, you will consent to the following: The procedures of the study will be verbally explained to me, and the study will only continue if your child is able to participate. Your child will be tested in a quiet room in this building, and will be seated on your lap or in your presence for the entire time. Your child will sit on your lap in a sound-proof booth with loudspeakers mounted on the panels on either side. Your child will listen to tape-recorded utterances projected from the loudspeakers in the booth. You will listen to music or other utterances through headphones so that any reaction you could have to the stimuli will not influence your child. The experimenter will be measuring the amount of time your infant listens to each of the test trials.

How long will my child be in the study?
The testing period takes approximately 10 minutes. The study personnel are happy to spend additional time addressing your questions and concerns if necessary.
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?

There are no known risks to the procedures in this study. However, if you or your child indicate that you are uncomfortable in any way, the study will stop immediately. You will not be penalized for withdrawing your participation.

What benefits can my child expect from being in the study?

The information obtained from this study will be potentially useful in providing an understanding of how infants learn language.

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.

The information obtained in this research will be stored under a code number so that your child cannot be identified by name. The information obtained may be combined with other information from other studies in which your child has participated. The principal investigator and study personnel will have access to the data.

Also, your child’s records may be reviewed by the following groups (as applicable to the research):
- 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  
• The sponsor supporting the study, their agents or study monitors

What are the costs of taking part in this study?

There is no monetary cost for participating in this research.

Will I or my child be paid for taking part in this study?

Your child will receive a book, toy or t-shirt for his/her participation. By law, payments to subjects are considered taxable income.

What happens if my child is injured because he/she took part in this study?

If your child suffers an injury from participating in this study, you should seek treatment. The University of Arizona has no funds set aside for the payment of treatment expenses for this study.

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.

14. Who can answer my questions about the study?

For questions, concerns, or complaints about the study you may contact the principal investigator LouAnn Gerken, PhD at 520-626-5720.
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 University of Arizona Human Subjects Protection Program at 520-626-6721 or http://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.

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**Printed name of subject**

**Printed name of person authorized to provide permission for subject**

**Signature of person authorized to provide permission for subject**

**Relationship to the subject**

**Date and time**

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**Investigator/Research Staff**

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.

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**Printed name of person obtaining consent**

**Signature of person obtaining consent**

**Date and time**

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**Witness(es) - May be left blank if not required by the IRB**

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**Printed name of witness**

**Signature of witness**

**Date and time**

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**Printed name of witness**

**Signature of witness**

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