Department of Linguistics
UNIVERSITY OF OREGON
CAREGIVER’S CONSENT FOR A CHILD TO ACT AS A RESEARCH PARTICIPANT

Parent or Legal Guardian’s Name ____________________________________________

Child’s Name ____________________________ Date _______________________

Your child is invited to participate in a research study on language acquisition. We hope to learn more about how children acquire prosody—the rhythms and intonation of language—as well as the different language and non-language abilities that influence the acquisition of prosody. Melissa Redford, Associate Professor of Linguistics, is leading this study, which is funded in part by a grant from the National Institute of Child Health and Human Development (NIH—NICHD).

The Study:

Your child has been asked to take part in this study as a volunteer. You are giving permission for your child to complete various tasks that assess aspects of his/her hearing, basic rhythm abilities, comprehension, production and memory for language. In addition, you are giving permission for your child to complete tasks that are designed to investigate children’s production of rhythm and intonation. The specific tasks include:

- A hearing screening.
- Choosing pictures that go with a word or sentence.
- Making up sentences with words that the experimenter provides.
- Naming objects/actions in pictures.
- Listening to and repeating back sounds and words.
- Taking sounds and making words out of them.
- Speaking very clearly for a hard-of-hearing experimenter.
- Doing some number games.
- Doing some clapping.
- Telling a couple of stories based on pictures provided.

We will audio record your child’s speech for later analysis using a wireless microphone that will be attached to a hat or headband. We will ask your child to wear the microphone for most of the study. Your child will be allowed to take the hat/headband off between tasks and during breaks, but if the hat/headband really bothers your child a lot, we may place the microphone on his/her shirt instead.

Although each of the tasks that your child engages in will only take between 5 and 15 minutes to complete, there are a lot of them and so the entire study session (including breaks) will take up to 4 hours to complete. We will be taking frequent breaks, including snack and play breaks, so that your child is able to complete all the tasks we have planned. I will be
asking every 20 minutes of so if your child would like to take a break, and will encourage the child to ask me if s/he would like a break. Of course, if we are in the middle of a task and your child would like to take a break, I will try to encourage him/her to finish the task at hand before we take the break. Please let us know now whether or not your child has any FOOD ALLERGIES so that we may provide him/her with appropriate snacks.

We will be comparing your child’s language behavior to adult behavior. For this reason, we will also ask you to complete a sentence repetition task and the story telling task. We will audio record your speech for later analysis. We will also ask you to fill out various questionnaires that are designed to provide us with more, potentially language-relevant information about your child, including information about your child’s background, temperament, personality, and social profile.

Compensation:

You are welcome to stay for the duration of the study, but you are not required to do so. We will compensate you and your child for your time with $45 in cash at the end of the study or with $10 for every hour of the study that your child completes, if s/he does not complete the entire study. If you agree, we would like to give some of the money to your child as a token of our appreciation of his/her work. Please let us know, in $5 increments, how much of the money we might be able to give your child.

Potential Benefits:

We are not trained or licensed diagnosticians or clinicians, and the hearing screening we will conduct is not for diagnostic or clinical purposes. However, if we determine that the screening indicates some hearing difficulties for your child, we will present you with information on how to follow up with an audiologist.

The results of this research may become useful for developing assessments and treatments of children with language disorders in the general population as well as for understanding the root causes of developmental language disorders that affect the acquisition of language rhythm and intonation.

These are societal benefits. You and your child may not benefit directly from participating in this study. However, we will make all of the assessment data available to you, and you can then review these data with your school language speech pathologist if you are interested or if you suspect some kind of speech/language problems in your child. In addition, if the hearing screening indicates some hearing difficulties for your child we will present you with information on how to follow up with an audiologist.

Your Rights:

Your child’s participation is entirely voluntary. You may refuse for your child to participate or you may withdraw at any time. If you decide for your child not to participate, you are free to withdraw your consent and discontinue participation at any time without penalty.
Subjects' records are kept completely confidential and stored in a locked area at the Lab not accessible to the public and under the control of the investigator and associates. A subject's data are only identified by an alpha-numeric code. If you agree to participate in follow up study sessions, then we will keep a record linking your child’s name and his/her data. This record will be destroyed after the follow up sessions are completed so that confidentiality is guaranteed at that point. If you do not agree to participate in follow up study sessions, there will be no record linking your child’s name with his/her data and it will not be possible for the to be used against the interests of your child. No participant will ever be personally identified by name in files or publications.

Contact Information:

Dr./Ms./Mr._________________________ has explained this study to you and answered your questions. If you have other questions or research-related problems, you may reach Dr. Redford at (541) 346-3789, Linguistics Department, 1290 University of Oregon, Eugene, OR 97403-1290.

If you have questions regarding your child’s rights as a research subject, contact the Office for the Protection of Human Subjects, University of Oregon, Eugene, OR 97403, (541) 346-2510.

Your Signature:

Your signature indicates that you have read and understand the information provided above; - that you willingly agree for your child to participate; - that you may withdraw your consent at any time and discontinue participation without penalty; - that you will receive a copy of this form if so desired; and - that you are not waiving any legal claims, rights or remedies.

_____________________________  Date ____________________
Parent or Legal Guardian’s Signature