Speech & Language Laboratory
Linguistics Department
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 that is taking place
in the Speech & Language Laboratory at the University of Oregon. 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:

- Child’s assent to participate in the study.
- A hearing screening.
- Choosing pictures that go with the word or sentence that I play for you.
- Making up sentences from words or pictures that I show you.
- Listening to and repeat back sounds and words that you hear.
- Speaking very clearly for me as if I could not understand or hear you.
- Playing some number or racing games with me.
- Drumming while listening to different beats.
- Telling your parent/caregiver a couple of stories.
- Playing some language games on the computer.
- Listening to sounds to say if you can hear them or tell the difference between them.

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 3 hours to complete. We will take 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 may also ask you to complete a story telling task with your child. We will audio record your speech for later analysis. We will also ask you to fill out a questionnaire that is designed to provide us with potentially language-relevant information about your child, including information about your child’s background and his or her health history.

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 $15/hour in cash at the end of the study or 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 be happy to make whatever assessment and other data we acquire from your child available to you. You can review the assessment 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.
Potential Risks

There are no identifiable risks or other discomforts to participants save those that would be experienced at school or in day care.

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 of 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. 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 by phone at (541) 346-3818 or by email at redford@uoregon.edu.

If you have questions regarding your child’s rights as a research subject, contact the University of Oregon Research Compliance Services by phone at (541) 346-2510 or by email at ResearchCompliance@uoregon.edu.

Your Signature:

Your signature indicates that you have read and understand the information provided above and
– 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.

______________________________       ____________________________
Parent or Legal Guardian’s Signature    Date