

UNIVERSITY OF HOUSTON  
A PARENTAL PERMISSION FORM

PROJECT TITLE: Process of Early Word Learning

You and/or your children are invited to participate in a research project being conducted by the Cognitive Development Lab in the Department of Psychology at the University of Houston. All the studies conducted by the Cognitive Development Lab are directed by Dr. Hanako Yoshida, Assistant Professor of Psychology, University of Houston.

NON-PARTICIPATION STATEMENT

You or/and your child's participation is voluntary. You may refuse to participate or withdraw at any time without any penalty or loss of benefits to which you are otherwise entitled. You may also refuse to answer any question.

PURPOSE OF THE STUDY

We are interested in exploring how children add new words to their vocabulary in their early stages of language learning and how this process of learning may differ across children learning different languages. You will be notified about the number of sessions to which you are invited so that you can choose whether or not to participate and the times and dates of any subsequent visits to the laboratory.

PROCEDURES

A total of 180 subjects will be asked to participate in this project. The entire study will last between 10 to 20 minutes. This study consists of either a single session or multiple training sessions (6, 8, 10, or 12 sessions). Your child will be taught the names of novel toy objects or toy pictures by the experimenter in up to 10 play sessions. We will also ask your child to say the names of objects or to pick out objects or pictures we name. Some sessions will be videotaped. Each visit will take up to 60 minutes, of which the actual experiment takes up to 20 minutes. Depending on your child's native language and his or her age, we might also ask you to fill out a checklist indicating the number of words currently in your child's vocabulary and a set of demographic questionnaires.

CONFIDENTIALITY

Every effort will be made to maintain the confidentiality of your participation in this project. All information collected in this study will be kept confidential. Participants will be given a number that is not linked to their name or other identifying information. Data and videotapes will be kept in lockable cabinets in a locked laboratory. Data will be available only to the trained experimenters conducting the study. Videotapes will be used only for the purposes of this study and will be used for no other purposes without your permission. Videotapes and data will be kept for 3 years post publication (approximately 6 years from now). No references will be made in oral or written reports that could link you to this study.

Subject contact information and participation history goes into a secure, password-protected database that can only be accessed by current researchers. No records of actual test data are maintained in the contact information database. You may request to be taken off the contact list at any time.

#### RISK/DISCOMFORTS

There are no anticipated risks.

#### BENEFITS

While you will not directly benefit from participation, your participation may help investigators better understand the process of early language learning and the factors that contribute to this process. This, in turn, may help us understand the difficulties faced by children in learning languages.

#### ALTERNATIVES

Participation in this project is voluntary and the only alternative to this project is non-participation.

#### INCENTIVES/REMUNERATION

For participating in this study, your child will receive a small gift such as a book, t-shirt, or a small toy. If you withdraw from the study prior to completion, your child will still receive the gift.

#### PUBLICATION STATEMENT

The results of this study may be published in professional or scientific journals. It may also be used for educational purposes or for professional presentations. However, no individual subject will be identified without your permission.

#### SUBJECT RIGHTS

1. I understand that informed consent is required of all persons participating in this project.
2. All procedures have been explained to me and all my questions have been answered to my satisfaction.
3. Any risks and/or discomforts have been explained to me.
4. Any benefits have been explained to me.
5. I understand that, if I have any questions, I may contact Dr. Hanako Yoshida at 713-743- 4876 (lab phone number).
6. I have been told that I or my child may refuse to participate or to stop the participation in this project at any time before or during the project. I or my child may also refuse to answer any question.

7. ANY QUESTIONS REGARDING PARTICIPANTS' RIGHTS AS A RESEARCH SUBJECT MAYBE ADDRESSED TO THE UNIVERSITY OF HOUSTON COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (713-743-9204). ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT THE UNIVERSITY OF HOUSTON ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT.

8. All information that is obtained in connection with this project and that can be identified with me or my child will remain confidential as far as possible within legal limits. Information gained from this study that can be identified with me or my child may be released to no one other than the principal investigator. The results may be published in scientific journals, professional publications, or educational presentations without identifying me or my child by name.

I HAVE READ THE CONTENTS OF THIS CONSENT FORM AND HAVE BEEN ENCOURAGED TO ASK QUESTIONS. I HAVE RECEIVED ANSWERS TO MY QUESTIONS. I GIVE MY CONSENT TO PARTICIPATE OR GIVE MY CONSENT FOR MY CHILD TO PARTICIPATE IN THIS STUDY. I HAVE RECEIVED (OR WILL RECEIVE) A COPY OF THIS FORM FOR MY RECORDS AND FUTURE REFERENCE.

Parent Name:

Child Name:

I AGREE FOR MY CHILD TO PARTICIPATE

Signature:  Date

I AGREE TO PARTICIPATE

Signature:  Date

MAY WE CONTACT YOU FOR FUTURE STUDIES?

Signature:  Date