## **Parental Consent Form for Touch Typist Study**

My name is Tyler Towne. I am a graduate researcher at Florida State University. Your child is invited to be in a study examining the skill of touch typists. We ask that you read this form and ask any questions you may have before agreeing to allow your child to take part in this study.

**Purpose:** The purpose of this study is to examine the cognitive differences between varying levels of touch typists. Your child will be asked to complete several typing tasks on the computer while thinking aloud. They will say their thoughts out loud during the task so that we can understand more about the thought processes that underlie skilled performance in typing. These vocalizations will be recorded for later analysis but no image of your child will be recorded. Additionally, your child will be asked to complete several simple cognitive tasks that assess their reaction time and psychomotor ability. The study will take about I hour.

**Risks and benefits:** There is no foreseeable risk to your child and no direct benefit to you or your child outside of the course credit compensation outlined below.

**Compensation:** Your child will receive course credit consistent with their time investment (typically I research credit).

**Confidentiality:** The records of this study will be kept confidential, to the extent permitted by law. The survey and the all personal information will be kept separate from the data and will be given a code so that only authorized individuals could identify your child. All identifying information we collect will be recoded and password protected with only the researcher and his advisor having access to it and will not be kept in any form for more than 18 months. After being transcribed; voice recordings will be erased. It will not be possible to identify your child's answers after coding. Surveys will be kept securely for up to ten (10) years after this study ends.

**Voluntary Participation:** Your child's participation in this study is completely voluntary. Your decision whether or not to allow your child to take part will not affect your current or future relationship with Florida State University. If you decide to allow your child to take part, your child is free to opt out of any questions or stop at any time without penalty. You are free to withdraw your child at any time.

You may contact the researchers for this study: Jerad Moxley at (850) 644-9850 (moxley@psy.fsu.edu), or Tyler Towne (850) 644-9850 (towne@psy.fsu.edu) The faculty supervisor for this project is K. Anders Ericsson PhD, who may be reached at (850) 644-9850 (ericsson@psy.fsu.edu).

Please feel free to ask any questions you have now, or at any point in the future. If you have any questions or concerns about your child's rights as a research subject, you may contact the FSU Institutional Review Board (IRB) at 850-644-8633, by email at <a href="mailto:humansubjects@magnet.fsu.edu">humansubjects@magnet.fsu.edu</a>, or you may access their website at <a href="http://www.fsu.research.edu">http://www.fsu.research.edu</a>. You will be given a copy of this consent form for your records.

Please enter your child's name and sign below if you give consent for your child to participate in this study.

Your child's name:	
Your signature	Date