

AUG 10 2007

UW

UNIVERSITY OF WASHINGTON – DEPARTMENT OF PSYCHOLOGY

Parent/Guardian Consent Form
Psychology Subject Pool Participant Registry

Investigator: Frank L. Smoll, Ph.D., Psychology Department Human Subjects Coordinator,
smoll@u.washington.edu, 206-543-2640, Department of Psychology, Box 351525, Seattle,
WA 98195-1525
Psychology Department Subject Pool Manager, psyppool@u.washington.edu, 206-543-9652,
Department of Psychology, Box 351525, Seattle, WA 98195-1525
*Please note: We cannot guarantee the confidentiality of email.

Researcher's statement

We are asking you to allow your child to be a part of the Psychology Subject Pool Participant Registry for this quarter. The purpose of this consent form is to give you the information you will need to help you decide whether or not to do this. Please read the form carefully. This process is called "informed consent." You can keep a copy of this form for your records.

PURPOSE

The purpose of this consent form is to obtain permission for students who are not yet 18 years of age to participate in the Participant Registry, as per Federal and University regulations. If you give that consent by signing below, then your child may become a part of the Participant Registry. The purpose of the Participant Registry is to track and assign extra credit to students who participate in research studies through the Psychology Subject Pool. Your child is eligible because he or she is involved in a class participating in the Psychology Subject Pool. The Participant Registry allows the Psychology Department Subject Pool Manager and research investigators access to your child's name, course, section, email, and any other information provided by your child to us. Your child will not earn extra credit for becoming a part of the Participant Registry. However, by registering your child, he or she will become eligible to earn extra credit and participate in research studies.

PROCEDURES

The information collected by the Participant Registry includes student name, ID number, email address, course number, section letter, date of birth, 18th birthday date, ethnicity/race, gender/sex, vision type (20/20, aided with contacts or glasses), and telephone number (optional). If you consent to allow your child to participate in the Participant Registry (by signing below), your child may then proceed to set up an account which allows him or her access to various types of research studies occurring on different days and in different places. Consenting to allow your child to participate in the Participant Registry does not mean that your child is obligated to participate in any of the research studies, but instead that he or she is eligible to.

RISKS, STRESS, OR DISCOMFORT

There is always the risk that a loss of confidentiality might occur. However, please see other information for procedures set in place to prevent this from occurring.

ALTERNATIVES TO PARTICIPATION

There are other ways a student can earn extra credit. Alternative educational experiences, determined by the course instructor, are available if you or your child do not wish him/her to participate in the Psychology Subject Pool.

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AUG 22 2007

BENEFITS

While there may be no direct benefits to your child, he or she may learn more about the process of psychology research by being eligible and participating in research sessions.

OTHER INFORMATION

Participating in the Participant Registry is voluntary. By enrolling in the Participant Registry your child will not receive credit, instead your child must sign up for research studies through a website (<http://uwpsychology.sona-systems.com/>) and participate in research studies in order to receive extra course credit. However, if you decide not to enroll your child in the Participant Registry, your child will not be penalized or lose any benefits to which he or she is otherwise entitled. Your child's enrollment in the Participant Registry is confidential. This means no one besides the Psychology Department Subject Pool Manager and the investigators offering research participation will know your child's identity, and we will not release his or her identity. All your child's information will be stored on a secure server with restricted access. The information collected as part of the Participant Registry will be retained until 1 year from now. Government or university staff sometimes review studies such as this one to make sure they are being done safely and legally. If a review of this study takes place, your child's records may be examined. The reviewers will protect your child's privacy. The study records will not be used to put your child at legal risk or harm.

Please sign both copies of this form, keep one for your records, and mail one to the Psychology Department Human Subjects Coordinator, Department of Psychology, Box 351525, University of Washington, Seattle, WA 98195-1525, or deliver it to the Psychology Department office (Guthrie Hall, room 119A) during business hours.

Frank L. Smoll
Printed name of Investigator

Frank L. Smoll 9-2-14
Signature Date

Parent/Guardian's statement

The activity described here has been explained to me. I voluntarily consent to allow my child to participate in this activity. I have had the opportunity to ask questions. If I have questions later about the activity, I can call the Psychology Department Human Subjects Coordinator (206-543-2640) or the Psychology Department Subject Pool Manager (206-543-9652). If I have questions about the rights of research subjects, I can call the UW Human Subjects Division at 206-543-0098.

Printed name of student

Printed name of parent/guardian

Signature of parent/guardian Date

Copies to: Parent/Guardian
Investigator's file

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UW Human Subjects
Review Committee

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Printed name of student

Printed name of parent/guardian

Signature of parent/guardian

Date

Copies to: Parent/Guardian
Investigator's file

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