

**INDIANA UNIVERSITY  
INFORMED CONSENT STATEMENT  
Child Scientist Activity Week**

Your child is invited to participate in Child Scientist Activity Week (C-SAW) where s/he will play games, learn about the brain and participate in various research studies. Please thoroughly read this form and ask any questions you may have before agreeing to let your child participate in this activity week.

The activities and experiments during this week are being coordinated by Professors Dr. Karin James, Dr. Susan Jones and Dr. Linda Smith, all from the Dept. of Psychological and Brain Sciences, Indiana University.

**STUDY PURPOSE**

The purpose of this week is to introduce young children, ages 3-6 years, to the basic science of the brain through fun, science-themed and age-appropriate activities. During this time they will also participate in experiments which study aspects of child development including vocabulary development, object recognition and categorization, and imitation.

**NUMBER OF PEOPLE TAKING PART IN THE STUDY**

If you agree to let your child participate, s/he you will be one of approximately 15 children who will take part in this activity per weekly session, with the possibility of up to four sessions each summer.

**PROCEDURES FOR THE STUDY**

We will have a schedule outlining the times and locations of the planned events, Monday through Friday, which will be given to you at the start of the session. All activities will be held in rooms in the Psychology & Brain Sciences building or outside in the courtyard directly behind it.

Throughout the week, your child will be asked to participate in one or multiple activities that will specifically explore how children learn about objects, words, sounds, numbers, pictures and/or interactions with others. During this time we may ask your child to play with objects that will be given novel names, look at pictures of objects on a screen or in a book, listen to and repeat novel words, play on a touch screen computer or Ipad, read and write numbers/letters, or watch short video clips.

We may ask your child to answer or demonstrate an answer about what they played with or observed by labeling, pointing, writing, acting out an action or discussing what s/he saw. We may also ask your child to play a game which involves either pretending to do common actions and/or guessing the actions of others.

In addition, we may ask your child to complete age-appropriate standardized motor and/or language assessment tests and/or reading/writing exercises so we can assess motor/language development.

We might also ask you to complete motor/language development questionnaires for your child. If so, we will send these documents home with your child, and you can send them back to us when completed.

We will film the experiments with a standard audio/video camera so we can review the session and record the answers/choices your child made. We may ask your child to wear a lightweight camera on his/her head that is attached to a headband. If your child refuses to wear the head camera, we will proceed with the study using the standard video camera. Each study will last approximately 15-40 minutes. There will be a snack and bathroom break mid-morning each day.

In addition to this document, you will be asked to read and sign an authorization for medical transport and treatment, a release of liability and photo consent forms prior to your child participating in this event.

**RISKS OF TAKING PART IN THE STUDY**

There are no anticipated risks.

**BENEFITS OF TAKING PART IN THE ACTIVITY:**

Your child will be introduced to the science of psychology during the week. Also, the results of the studies will help us gain more knowledge of human development.

**ALTERNATIVES TO TAKING PART IN THE ACTIVITY:**

You may choose to not allow your child to participate.

**CONFIDENTIALITY**

Efforts will be made to keep your child’s personal information confidential. We cannot guarantee absolute confidentiality. 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.

Your child's file and recordings will be identified by a code number and not by name. Your child’s identity will be held in confidence in reports in which the study may be published. The digital record and data will be saved on a password-protected computer in a locked laboratory. The data collected from your child will be made available only to trained experimenters conducting the study and specific organizations that may inspect or copy research data for quality assurance, such as the IU Institutional Review Board or its designees, the Office for Human Research Protections (OHRP).Data and recordings, with no links to your child’s identity, will be kept indefinitely. If for any reason you decide to withdraw from the study, either while in progress or after completing the procedure, digital records of your child will be destroyed.

On a separate form you will be given the option to grant or refuse permission for us to take photographs, video recordings, and/or audio recordings of your child throughout the week and to use these recordings outside of the lab setting.

**COSTS**

There are no costs associated with this activity.

**PAYMENT**

Your child will receive a small prize (e.g., a t-shirt) for participating, regardless of whether or not s/he completes any studies.

**CONTACTS FOR QUESTIONS OR PROBLEMS**

For questions about the study or a research-related injury, contact the researcher Dr. Karin James, Associate Professor of Psychology, Indiana University at 812-856-0659.

For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IU Human Subjects office, 530 E Kirkwood Ave, Carmichael Center, 203, Bloomington IN 47408, 812-856-4242 or by email at irb@iu.edu

**VOLUNTARY NATURE OF STUDY**

Taking part in this activity is voluntary. Your child may choose not to take part in a study at any time. Not participating in a study will not result in any penalty or loss of benefits to which your child is entitled.

**SUBJECT’S CONSENT**

I have read and understand the above information and received a copy of this form. I agree to allow my child to participate in this study.

**Printed Name of Child:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Printed Name of Parent:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name of Person Obtaining Consent:** \_\_\_\_\_

**Signature of Person Obtaining Consent:** \_\_\_\_\_ **Date:** \_\_\_\_\_