



UNIVERSITY OF GEORGIA
 PARENTAL PERMISSION AND CONSENT FORM
 [TITLE OF THE STUDY]

Researcher's Statement

We are asking you and your child to take part in a research study. The information in this form will help you decide if you want to be in the study. Please ask the researcher(s) below if there is anything that is not clear or if you need more information.

Principal Investigator: **Name**
 Department
 Contact Information

The purpose of this study is to learn about how children and parents talk to each other in while playing with different kinds of toys. The researcher would like to learn if certain kinds of toys help parents and children use different kinds of words and help children learn to talk. Participation in the study is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled.

In order to collect information, your child will wear a vest with a microphone for two days while your child is awake. For one hour each day, you will play with your child using toys loaned to you by the researcher. You will also be asked to fill out questionnaires about your family and your child's communication abilities. Using this information, the researchers will provide you with a report on how well your child is learning to talk, along with recommendations for helping your child improve.

Since you and your child will be recorded, the main risk from this study is a loss of privacy. This could happen if someone other than the researcher hears the recordings, or if the recordings include information about illegal activities. If maintaining your privacy is very important to you, you may not want to be in this study. If you are comfortable being recorded and trust the researcher to protect the recordings as well as she can, you may want to be in this study.

If you are interested in participating in the study, please read the additional information on the following pages, and feel free to ask questions at any point.

Study Procedures

If you agree to participate, you will be asked to:

- x Play with your child in your home (or other location of your choosing, such as friend's home, community center) with toys that we will provide for you to use
- x Have your child wear a vest with a special audio recorder (LENA). LENAs are used to record young children's spoken messages and their sound environment.
- x Put the LENA vest on your child for two full days (when awake). During those two days, you will be asked to play with each toy set with your child for 15 minutes. Your total time commitment of playing with the toy sets is 1 hour (15 minutes for each of 4 toy sets). You can select when to do each of the four 15 minute play sessions across the two days that your child is wearing the LENA vest.



Please provide initials below if you agree for audio recordings of you and your child playing to be used for educational purposes (i.e., teaching students, teachers, and professionals about language and play; scientific presentations). You may still participate in this study even if you are not willing for the audio recordings to be used for educational purposes

- _____ I give permission for audio recordings of my child and me playing to be used for educational purposes
- _____ I do not give permission for audio recordings of my child and me playing to be used for educational purposes

Privacy/Confidentiality

The information collected from you and your child will include information that identifies you directly and indirectly. Information such as your phone number, email address, and home address will be used to schedule the session. A coding system will be used to assign a number for each participant and after scheduling the session, all information will be identified by the number code. Identifying information, master list of codes, and audio recordings will be stored separately. Once the initial data collection phase is completed, all identifying information will be destroyed. Until that time, the principal investigator will have access to identifiable data. Research assistants will only have access to audio recordings devoid of any identifying information and the codes associated with the files.

The project's research records may be reviewed by Office for Human Research Protections and by departments at the University of Georgia responsible for regulatory and research oversight. When you receive your incentive gift card, you will be asked to sign a record log indicating your receipt of the gift card. This record log will be submitted to UGA business managers and the research office to oversee the gift card distribution. Researchers will not release identifiable results of the study to anyone other than individuals working on the project without your written consent unless required by law (e.g., subpoenaed audio files). An exception to the confidentiality assurance is if there is reasonable cause through study interactions to suspect child maltreatment, the researchers are mandatory reporters of suspected child abuse or neglect.

If you decide to withdraw from the study, the information that has been identified as yours will be kept as part of the study and may continue to be analyzed, unless you make a written request to remove, return, or destroy the information.

If you have questions

The main researcher conducting this study is xxxx xxxx, Assistant Professor. Please ask any questions you have now. If you have questions later, you may contact xxxxx at xxxx@uga.edu or at xxxxxx-xxxx. If you have any questions or concerns regarding your child's rights as a research participant in this study, you may contact the Institutional Review Board (IRB) Chairperson at 706.542.3199 or irb@uga.edu.

Consent/Permission to Participate in Research:

To document your agreement to participate and permission for your child to take part in this study, please sign below. Your signature indicates that you have read or had read to you this form and have had any initial questions answered.

Your Child's Name: _____



Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Signature of Researcher: _____ Date _____

Please sign both copies, keep one and return one to the researcher.