

**SAMPLE 2**

**PLEASE MODIFY TO FIT YOUR STUDY**

***The Development of Eye Coordination Project***

*Department of Psychology, Pearl College, 500 Pearl Lane SW, Atlanta GA 30555*

**Consent Form**

*Kimmy Jefferson, Ph.D., Investigator  
404-555-5555*

My child has been asked to participate in a research project that will be a study of eye coordination and use. The study involves my child engaging in reviewing photographs and other activities. If I and my child choose to participate in the project, I understand that his or her performance will be videotaped for data collection purposes. I will accompany my child while he or she reviews the photographs and other objects. The time required for participation will vary, but is expected to be approximately 60 minutes per session (including equipment set-up, if necessary), with one session per month for up to 13 months. However, I may end our participation at any time without penalty.

The purpose of this study is to help us understand the early development of eye coordination, which is important to many aspects of our lives.

The project is under the direction of Kimmy Jefferson, Ph.D. of Pearl College's Department of Psychology. Funding for this project has been provided by a grant from the National Institute of Eye Development.

I understand that there are no known risks or discomfort to my child from participation in this project. There is also not likely to be any direct benefit to me or my child, but knowledge gained from this study may contribute to a better understanding of children's development. I understand that we will be compensated with \$25 for each session that we attend.

I understand that information gathered from my child will not be reported to anyone outside the research project in any manner that personally identifies my child or me. A report of results from individuals or several participants combined in this project may be submitted to a professional publication or conference, but my child and I will not be identifiable from these results. Videotape of me or my child may be used in presentations only with my permission and will otherwise only be accessible to the research team. Information provided by you for this study may be used for future studies on topics related to child development without obtaining additional informed consent from you. The videos or data may be shared via online databases.

The project investigator, Dr. Kimmy Jefferson, has offered to answer any questions or problems that I have about my and my child's involvement in this project. I understand that participation is voluntary and that I may end our participation at any time. Dr. Jefferson may be reached at 404-555-5555 or kjefferson@pearl.edu. If I have questions about my and my child's rights as participants in this study, I may contact Dr. Tasha Inniss, Associate Provost for Research, whose office oversees the protection of human research participants. She can be reached at 404-270-5890 or IRB@spelman.edu.

I understand that a signed statement of informed consent is required of a parent or guardian of all participants in this project. My signature indicates that I understand and voluntarily agree to the conditions of participation described above, and understand that I will receive a copy of this form.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date of Child's Birth

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Signed

Using language that is understandable and appropriate, I or my representative have discussed this project and the items above with the participant.

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*Department of Psychology, Pearl College, 500 Pearl Lane SW, Atlanta GA 30555*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Project Investigator

Consent for use of videotapes:

I give my consent for my child and me to be videotaped as part of this project (please initial next to response):

\_\_\_\_\_ Yes

\_\_\_\_\_ No

I give my permission for videotapes of my and my child's participation in this project to be used in the following ways, and understand that they will not be used for any other purpose without permission: (Please initial next to each item in the list that has your permission.)

\_\_\_\_\_ for analysis. Videotapes will be viewed only by research personnel involved in this project. After viewing, data will be recorded in a manner that does not identify me or my child.

\_\_\_\_\_ as illustration at scientific meetings. Short video segments of my child's activity may be used as illustration in discussion with other scientists who are interested in this topic. My child and I will not be named during the presentation.

\_\_\_\_\_ for training student researchers. Students who work on future projects may be trained to observe and record behavior by looking at videotapes that include some of my child's test sessions. These students will not know my child's or my identity.

\_\_\_\_\_ for posting on the online Databrary video collection. The videos may be used by other researchers to address additional research questions. Other than the visual images, your child's identity will not be available to these researchers.

Name \_\_\_\_\_

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CONTACT INFORMATION:

Telephone (day): \_\_\_\_\_

Telephone (evening): \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact preference: \_\_\_Day phone \_\_\_Evening phone \_\_\_E-mail