

## **CONSENT TO PARTICIPATE IN NON-BIOMEDICAL RESEARCH**

### **Child Interaction with Social Robots and Artificial Intelligence**

Your child is asked to participate in a research study conducted by Prof. Cynthia Breazeal from the Media Arts and Sciences Department at the Massachusetts Institute of Technology (M.I.T.). You were selected as a possible participant in this study because your child is between the ages of 4 and 6 years old. You should read the information below, and ask questions about anything you do not understand, before deciding whether or not to participate.

- **PARTICIPATION AND WITHDRAWAL**

Your child's participation in this study is completely voluntary and you and your child are free to choose whether to be in it or not. If you and your child choose to be in this study, you or your child may subsequently withdraw from it at any time without penalty or consequences of any kind. The investigator may withdraw you and your child from this research if circumstances arise which warrant doing so.

This study focuses on the development of a platform to introduce children to programming and artificial intelligence. Although parents are not directly involved in the study, they are invited to remain in the study area for its duration.

- **PURPOSE OF THE STUDY**

The purpose of the study is to evaluate a social robot programming toolkit. Children's understanding of artificial intelligence is extremely under-researched. In programming the robot, we hope that children will be able to gain an early understanding of their behavior and limitations. We hope that this will promote trust and provide a sound foundation for future technology education.

- **PROCEDURES**

If you take part in this study, we will ask you questions about your background and any interactions with AI that your child has had. Your child will spend five sessions of approximately 90 minutes learning about AI and programming their own AI-powered robot. The robots are capable of speaking, making gestures, moving forwards and backwards, and sensing things about the environment. At the end of the session, we will ask the child questions about what he or she learned, thought, and felt about the interaction.

- **POTENTIAL RISKS AND DISCOMFORTS**

There are no anticipated risks greater than those associated with interaction with commercial children's toys. Your child may become restless during the study, at which point the experiment will be stopped.

- **POTENTIAL BENEFITS**

Direct benefits to participants include a fun learning experience, the opportunity to play with cool technology, and new understanding of technology.

- **PAYMENT FOR PARTICIPATION**

After completion of the study, parents will be given \$25 as compensation for participation.

- **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you or your child will remain confidential and will be disclosed only with your permission or as required by law.

As part of this experiment, your child may be videotaped, photographed, and have his or her voice recorded. At any time, during or after the experiment, you can request that all data collected during your child's participation be destroyed.

- **IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact Cynthia Breazeal at [cynthiab@media.mit.edu](mailto:cynthiab@media.mit.edu) (617) 452-5601.

- **EMERGENCY CARE AND COMPENSATION FOR INJURY**

If you feel you have suffered an injury, which may include emotional trauma, as a result of participating in this study, please contact the person in charge of the study as soon as possible.

In the event you suffer such an injury, M.I.T. may provide itself, or arrange for the provision of, emergency transport or medical treatment, including emergency treatment and follow-up care, as needed, or reimbursement for such medical services. M.I.T. does not provide any other form of compensation for injury. In any case, neither the offer to provide medical assistance, nor the actual provision of medical services shall be considered an admission of fault or acceptance of liability. Questions regarding this policy may be directed to MIT's Insurance Office, (617) 253-2823. Your insurance carrier may be billed for the cost of emergency transport or medical treatment, if such services are determined not to be directly related to your participation in this study.

- **RIGHTS OF RESEARCH SUBJECTS**

You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you feel you have been treated unfairly, or you have questions regarding your rights as a research subject, you may contact the Chairman of the Committee on the Use of Humans as Experimental Subjects, M.I.T., Room E25-143B, 77 Massachusetts Ave, Cambridge, MA 02139, phone 1-617-253 6787.

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## VIDEO RELEASE

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<input type="checkbox"/>	NO – I do NOT agree to allow my child's video, photo, & audio recordings to be used for this research.
<input type="checkbox"/>	YES – I agree to allow my child's video, photo, and audio recordings to be used for this research.
<input type="checkbox"/>	YES – I agree to allow my child's video, photo, and audio recordings to be used for this research and for educational and related non-profit purposes such as conference publications and presentations.

### SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

\_\_\_\_\_  
Name of Subject

\_\_\_\_\_  
Name of Legal Representative (if applicable)

\_\_\_\_\_  
Signature of Subject or Legal Representative

\_\_\_\_\_  
Date

### SIGNATURE OF INVESTIGATOR

In my judgment the subject is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate in this research study.

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

\_\_\_\_\_  
Date