**Informed Consent for Practiced Boggle Performance**

**Purpose of Study**

This study is designed to assess practiced Boggle performance.

**Methods of Study**

If you choose to participate you will be asked to find words from two word puzzles.  You will be given the opportunity to find as many words as you can with a time limit of 2 minutes in the first puzzle. In the second puzzle, you can take up to 20 minutes or finish when you are satisfied.

**Criteria to Participate**

In order to participate you must be at least 18 years old, fluent in reading English, and not have any diagnosed reading disorders (e.g. dyslexia).

**Risks & Benefits of Participating**

There are minimal risks associated with participating in this experiment.  Potential risks are similar to taking an intelligence test which may include disappointment or satisfaction with the results.  There are significant potential benefits to students, faculty, the University, and the scientific community associated with participating in this project. Research participants will gain a firsthand understanding of what the scientific process involving human research is like. Participation will also enable the researchers to contribute to scientific understanding of human behavior which can bring prestige to the researchers, the University, and increase the value of degrees issued from Eastern Oregon University.

**Your Rights & Responsibilities**

You have the right to be informed of the nature of the study, its methods, and the potential risks and benefits of participating in the study. You have the right to participate voluntarily and the freedom to withdraw from the study for any reason. You also have the right to be protected from harm and have your identity protected. To ensure your privacy, this consent form will be separated from your results and stored securely. You also have the right to learn more about this study and to contact the proper authorities (see below) should you have concerns about this study.

You have the responsibility to participate to the best of your ability if you choose to participate and are eligible for this study. This responsibility to participate to the best of your ability does not override your rights to withdraw from the study.

**Who to Contact**

If you are interested in learning more about this study or have questions you can contact this study’s primary investigator: Kristian Brown at brownkt@eou.edu.  If you believe that any of your rights have been violated, you should contact the Chair of the University’s Institutional Review Board: Charles Lyons at [clyons@eou.edu](mailto:clyons@eou.edu).

**Agreement**

By signing below I affirm that I am 18 or older and that I understand the basic purpose and methods of this study, the risks and benefits associated with participating in this study, my rights and responsibilities as a research participant. I also affirm that I have had the opportunity to ask questions related to my participation in this study.  Finally, I consent to participate in this study and I provide this consent voluntarily.

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like a copy of this form for your personal records, please inform the researcher.