# [USE YOUR DEPARTMENT LETTERHEAD]

**CONSENT TO TAKE PART IN RESEARCH**

**Title of Research:** The Intonational Phonology of Polite Requests in L2 Spanish

**Principal Investigator:** Robert Esposito

The information in this consent form will provide more details about the research and what will be asked of you if you choose to take part in it. If you have any questions now or during the research, if you choose to take part, you should feel free to ask them and should expect to be given answers you completely understand. After your questions have been answered and you wish to take part in the research, you will be asked to sign this consent form. You are not giving up any of your legal rights by agreeing to take part in this research or by signing this consent form.

**Who is conducting this research?**

Robert Esposito is the Principal Investigator of this research. A Principal Investigator has the overall responsibility for the conduct of the research. However, there are often other individuals who are part of the research team. Robert Esposito may be reached at [rme70@rutgers.edu](mailto:rme70@rutgers.edu).

The Principal Investigator or another member of the research team will also be asked to sign this informed consent. You will be given a copy of the signed consent form to keep.

**Why is this research being done?**

This research is meant to investigate the realization of requests by people who are learning Spanish.

**Who may take part in this research and who may not?**

People who are native English speakers and have started learning Spanish post-puberty. Those who, for example, began learning Spanish at home because of family will be excluded. Those who speak a third language fluently or are not native English speakers will be excluded.

**Why have I been asked to take part in this research?**

You are being asked to participate in this experiment because you are an English native speaker who is learning Spanish.

**How long will the research take and how many participants will take part?**

15 Spanish learners will be included in this study. You will contribute approximately 1 hour to this study in total. The entire data collection process will last approximately one month.

**What will I be asked to do if I take part in this research?**

If you choose to participate in this study, you will be verbally presented with various scenarios to which you must respond orally. Audiotaping will be made to record you during the task. The recordings will be used for data analysis by the research team.

Afterwards, you will be asked to complete a Spanish proficiency assessment, the LexTALE, as well as a language-experience questionnaire.

**What are the risks of harm or discomforts I might experience if I take part in this research?**

This experiment does not present any harms.

**Are there any benefits to me if I choose to take part in this research?**

This experiment does not present direct benefits to you. However, you will be contributing to the scientific body of research on Spanish learners, which may help to improve Spanish

**What are my alternatives if I do not want to take part in this research?**

Your alternative is not to take part in this research.

**How will I know if new information is learned that may affect whether I am willing to stay in the research?**

During the research, you will be updated about any new information that may affect whether you are willing to continue taking part in the research. If new information is learned that may affect you after the research or your follow-up is completed, you will be contacted.

**Will there be any cost to me to take part in this research?**

There are no costs to participate in this research.

**Will I be paid to take part in this research?**

You will not be paid to take part in this research.

**How will information about me be kept private or confidential?**

All efforts will be made to keep your personal information in your research record confidential, but total confidentiality cannot be guaranteed. All voice-recorded data will be stored on a USB drive that will be kept in the primary investigator’s locked office.

The research team may use or share your information collected or created for this research with the following people and institutions:

* The Rutgers University Institutional Review Board and Compliance Boards
* The Office for Human Research Protections in the U.S. Dept. of Health and Human Services

**What will happen to my information—data and/or recordings—collected for this research after the research is over?**

After information that could identify you has been removed, de-identified information collected for this research may be used for other research we conduct without obtaining additional informed consent from you.

**What will happen if I do not wish to take part in the research or if I later decide not to stay in the Research?**

It is your choice whether to take part in the research. You may choose to take part, not to take part or you may change your mind and withdraw from the research at any time. If you do not want to enter the research or decide to stop taking part, your relationship with the research staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise entitled.

You may also withdraw your consent for the use of data already collected about you, but you must do this in writing to Robert Esposito at rme70@rutgers.edu.

**Who Can I Contact If I Have Questions?**

If you have questions, concerns or complaints about the research, wish more information, you can contact the Principal Investigator: Robert Esposito at [rme70@rutgers.edu](mailto:rme70@rutgers.edu). You can also contact the faculty advisor: Kendra Dickinson, Ph.D. at [kendra.dickinson@rutgers.edu](mailto:kendra.dickinson@rutgers.edu).

If you have questions, concerns, problems, information or input about the research or would like to know your rights as a research participant, you can contact the Rutgers IRB/Human Research Protection Program via phone at (973) 972-3608 or (732) 235-9806 OR via email [irboffice@research.rutgers.edu](mailto:irboffice@research.rutgers.edu), or you can write us at 335 George Street, Liberty Plaza Suite 3200, New Brunswick, NJ 08901.

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| **AGREEMENT TO PARTICIPATE**  **Participant Consent:**  I have read this entire consent form, or it has been read to me, and I believe that I understand what has been discussed. All of my questions about this form and this research have been answered. I agree to take part in this research.  Participant Name (Print):  Participant Signature: Date:  **Signature of Investigator/Individual Obtaining Consent:**  To the best of my ability, I have explained and discussed all the important details about the research including all of the information contained in this consent form.  Investigator/Person Obtaining Consent Name (Print):  Signature: Date: |