

CONSENT FORM

The Investigators of this Study abide by the ethical conduct of research prescribed by the Research Ethics Board of Simon Fraser University to protect at all times of the interest, comfort and safety of participants in the Study.

Please read the following descriptions carefully before you decide to participate in the Study.

1. Who is conducting the study?

Principal Investigator: Yue Wang – Professor, Linguistics, SFU

Co-Investigators: ☐ Dawn Behne – Professor, Psychology, Norwegian University of Science & Technology
☐ Allard Jongman & Joan Sereno – Professors, Linguistics, University of Kansas

Research Personnel: ☐ Keith Leung – PhD Student, Language and Brain Lab, SFU
☐ Beverly Hannah – Lab Manager, Language and Brain Lab, SFU
☐ Research Assistants supervised by KL, BH - Language and Brain Lab, SFU

2. Who is funding this study?

Social Sciences and Humanities Research Council of Canada (SSHRC), to Dr. Yue Wang.

3. Why should you take part in this study?

Your participation will help us learn about how people produce and perceive speech sounds.

4. Your participation is voluntary

You have the right to refuse to participate in this study. If you decide to participate, you may still choose to withdraw from the study at any time for any reason without any negative consequences to the education, employment, or other services to which you are entitled or are presently receiving.

5. Yes, I want to be in the study. What happens next?

If you say 'Yes' by signing this consent form, here is how we will do the study:

Questionnaire: We will ask you to fill out a questionnaire about your language background. This information will help us analyze and interpret the speech or listening data you provide. If there are questions you would prefer not to answer, you can say so on the question sheet.

Research procedures: We will let you know which of the following tasks you will be doing.

☐ **Audio Recording** Say or read a list of words, phrases or sentences,
or be involved in a conversation.
You will be audio recorded during your speech production.

☐ **Audio & Video Recording** Say or read a list of words, phrases or sentences,

or be involved in a conversation.

You will be audio- and video-recorded during your speech production.

☐ **Perception Experiment**

Listen to and/or watch speech sounds and speakers' faces.

Answer questions using a keyboard, mouse, or response box.

Detailed task information will be explained to you. There will be opportunities to practice each task and to ask the experimenters if you have any questions. Depending on the task(s), one or multiple visits may be required. If the experiment exceeds the time scheduled, a separate arrangement will be made, to be agreed to by you.

6. Is there any way being in this study could be bad for you?

There are no foreseeable risks to your participation in the study except possible boredom or fatigue. If you have any difficulty continuing the study at any time for any reason, please let an investigator know, and we will stop the procedures.

7. What are the benefits of participating?

While you may not directly benefit from this study, we hope that this study will help us better understand the nature of speech sounds.

8. Will you be paid for taking part in this research study?

You will be paid **\$10 per scheduled 60-minute session**, or if you need course credits for participation in your SFU Linguistics classes, **2 RPS credits per 60-minute session**. Participants are typically paid upon completion of all tasks and sessions. However, if you withdraw from the study early, payment will be pro-rated accordingly.

9. How will my privacy be protected?

Personal Identity: Your experimental data will only be identified by a numerical code. The link between the code and your identity will be securely stored in the lab, separate from the data collected for the study. Only research personnel conducting the experiments will have access to your information. If you are being audio- or video-recorded, we will only use your likeness in academic presentations and journal articles with your permission.

Data Storage: Data stored electronically are kept on firewall-secured hard drives and servers within the lab and backed up to secured servers located at and managed by Simon Fraser University IT Services. The lab is alarmed and locked when no lab members are present.

Data Repositories: Results from this study may be uploaded onto a repository when a journal or a funding/governing body so requires. We will ensure that all files are stripped of any information that could identify participants, to ensure confidentiality. Additionally, if you are being audio or video-recorded, we will only upload your recordings with your permission.

10. Future Use of Data

We may reuse or re-analyze data and recordings in future research, especially to examine how language changes over time. Where data contain personally identifiable information, such as in voice and face recordings, you can choose whether or not you consent to the re-use of your recordings in future research studies conducted by the same principal investigator.

11. Study results

Contact us and we will provide you with your results or a copy of the publication when available.

12. Who can you contact if you have questions about the study?

You may contact the principal investigator, Dr. Yue Wang, yuew@sfu.ca.

13. Who can you contact if you have complaints or concerns about the study?

If you have any concerns about your rights as a research participant and/or your experiences while participating in this study, you may contact the Director, SFU Office of Research Ethics at dore@sfu.ca or 778-782-6593.

PARTICIPANT SIGNATURE PAGE**14. Summary of your tasks:**

The investigator will check ☒ which task(s) you will be doing in this study.

Details of the tasks are described above, under “5. Research procedures”.

<input type="checkbox"/>	Audio Recording	<input type="checkbox"/>	Audio & Video Recording
<input type="checkbox"/>	Perception Experiment		
This experiment requires ____ visit(s). Each visit will take approximately ____ minutes.			

15. Permission to share (Recording Sessions Only)

We will only use your recordings (without releasing your name) with your permission.

May we use...

<input type="checkbox"/> YES	<input type="checkbox"/> NO	AUDIO recordings of your voice in academic presentations and publications?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	VIDEO of your face in academic presentations and publications?

16. Future contact

May we contact you again to...

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Follow-up for this experiment?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Participate in other studies conducted by the Linguistics Department?

17. Participant consent and signature

I have read, understand, and agree to the procedures of the Study, protection of my confidentiality and my right to withdraw from participation at any time. I hereby agree to participate in this Study.

Signing below indicates that you have received a copy of this consent form for your own records. You do not waive any of your legal rights by participating in this study.

Participant Name (Please Print Clearly) _____

Participant Signature _____ Date (yyyy/mm/dd) _____

Email _____ Phone _____