**Consent form**

**Conducted By:** C. Cecilia Tocaimaza-Hatch, [Ct22@txstate.edu](mailto:Ct22@txstate.edu),

**Office:** Centennial Hall 135, **Office phone number:** 245-2079.

You are being invited to participate in a research study. This form provides you with information about the study. The person in charge of this research is also available for any questions or comments you might have about this research.

Please read the information below and ask any questions you might have before deciding whether or not to take part. Your participation is entirely voluntary. You can refuse to participate without penalty. You can stop your participation at any time and your refusal will not impact current or future relationships with Texas State University or participating sites. To do so you can simply stop answering the questions included in the word associations exercise. The researcher will provide you with a copy of this consent form for your records.

**The purpose of this study** is toanalyze the types of word associations people make in Spanish. Since you speak Spanish, you have been invited to participate in this study.

**If you agree to be in this study, we will ask you to do the following things:**

* Complete an exercise in TRACS in which you will be presented with a stimulus word, and you will be asked to complete a blank space with the first word that comes to mind. There is a total of 80 stimulus words included in the exercise.

**Total estimated time to participate** in study is 15 minutes.

**Risks:** The risk associated with this study is no greater than everyday life.

**Benefits**: There are no benefits for participation in this study.

**Compensation:** There is no compensation for participating in this study.

**Study results**: A summary of the findings will be provided to participants upon completion of the study, if requested. Please contact me to [ct22@txstate.edu](mailto:ct22@txstate.edu) for a copy of results.

**Confidentiality and Privacy Protections:**

* The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain **no** identifying information that could associate you with it, or with your participation in any study. Do you authorize the researcher to share this data with other researchers? Please check the corresponding box.

YES

NO

* The records of this study will be securely and confidentially kept by the researcher until the completion of the study. All publications will exclude any information that will make it possible to identify you as a subject.

**Contacts and Questions:**

If you have any questions about the study please ask now. If you have questions later, want additional information, or wish to withdraw your participation contact the researcher conducting the study. The investigator’s name, phone number, and e-mail address are at the top of this document.

If you would like to obtain information about the research study, have questions about research participants' rights, and/or research-related injuries to participants please contact the IRB chair, Dr. Jon Lasser (512-245-3413, 512-245-3413, [lasser@txstate.edu](mailto:lasser@txstate.edu)), or Ms. Becky Northcut, Compliance Specialist (512-245-2102, 512-245-2102.

***You will be given a copy of this information to keep for your records.***

**Thank you for your participation!!**

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**Statement of Consent:**

I have read the above information and have sufficient information to make a decision about participating in this study. I consent to participate in the study.

Please check the corresponding box.

YES

NO

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_