

# Northern Illinois University

## Parent Permission for a Minor to Participate in a Research Study

**Title of Study:** Learning and Processing Information by Non-native Speakers

### Investigators

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**Dept:** Allied Health and Communicative Disorder

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### Key Information

- This is a voluntary research study on how children learn and process new information.
- This one-hour study involves questionnaires/interviews, standardizes language and thinking assessments, and language and thinking games.
- There are no direct benefits to you or your child from your participation in this research. Your and your child's participation in this study may aid in our understanding of how children develop language. We do not anticipate any risks to you or your child from your participation in this study.

### Description of the Study

The purpose of the study is to examine how children learn new information from different speakers. If you agree to allow your child to be in this study, you and your child will be asked to do the following things:

- 1). Interview/Questionnaires. You will be interviewed about your child's language history and current language use. These procedures will take approximately 10 minutes.
- 2). Language and Thinking Tasks. Your child will be asked to learn new names for new objects. Then, your child will be asked to listen to the new words, one at a time, and recognize the object on the computer that is associated with that word. Your child will be asked to repeat words. Your child's thinking abilities will be assessed by asking your child to look for patterns in pictures and shapes. This procedure is expected to take approximately 15 minutes.
- 3). Standardized Tests of Vocabulary and Language. Your child's vocabulary and language skills will be tested. Your child will be asked to recognize and name pictures and to produce and understand sentences. This procedure will take approximately 20 to 30 minutes.

At any time of the study, you or your child may decide to withdraw from the study. If you withdraw, no more information will be collected for you or your child. When you or your child indicate your wish to withdraw, the investigator will ask if the materials already collected in the study can be used.

### Risks and Benefits

There are no reasonably foreseeable risks. Risks of breach of confidentiality do exist, however, we have strict procedures in place to minimize this risk such as using password-protected computers and password-protecting all files with identifying information. There is possibility that your child may become a little tired, but we will minimize this risk by offering your child frequent breaks. You may find some of the questions included in our questionnaires uncomfortable. You can choose not to answer any of the questions. Finally, it is possible that the vocabulary/language testing may reveal that your child has language difficulties. You can request or refuse a written summary of your child's performance on the language assessment.

There are no direct benefits to you or your child from your participation in this research. Your and your child's participation in this study may aid in our understanding of how children develop language.

## Confidentiality

- The records of this study will be kept strictly confidential. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file.
- Audio recordings will be made of your child's participation. We make these recordings to help us be more accurate in coding and scoring data. All recordings will be stored in a secure folder on a password-protected laboratory computer. Only the Principal Investigator and research assistants will hear the audio recordings. The recordings will be kept for at least 7 years and all data will be destroyed 7 years after your participation. Your child can still participate in the study if you refuse video recordings.
- We will not include any information in any report we may publish that would make it possible to identify your child.

## Compensation

You will receive the following compensation for your child's time: After completing the session, your child will receive \$10.

## Your Rights

The decision to allow your child to participate in this study is entirely up to you. You may refuse to have your child take part in the study at any time. Your decision will not result in any loss of benefits to which you are otherwise entitled. Your child has the right to skip any question or research activity, as well as to withdraw completely from participation at any point during the process.

You have the right to ask questions about this research study and to have those questions answered before, during, or after the research. If you have any further questions about the study, at any time feel free to contact the researcher, Dr. Milijana Buac at [mbuac@niu.edu](mailto:mbuac@niu.edu) or by telephone at 815-753-1521. If you have any questions about your child's rights as a research participant that have not been answered by the investigators or if you have any problems or concerns that occur as a result of your child's participation, you may contact the Office of Research Compliance, Integrity, and Safety at [ResearchCompliance@niu.edu](mailto:ResearchCompliance@niu.edu). If you have any problems or concerns that occur as a result of your child's participation, you can report them to the Office of Research Compliance at the number above.

## Future Use of the Research Data

After removing all identifying information from your data, the information could be used for future research studies or distributed to another investigator for future research studies without additional permission from you.

## Disclosure of Research Results to Participants

Your signature below indicates that you have agreed to allow your child to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study investigators.

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Participant's Signature

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Date

I give my consent for my child to be audio recorded during the language and thinking games.

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Participant's Signature

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Date

In the present study, we will conduct standardized language measures. If you would like a written summary of the results, please check the box below.

☐ I would like a written summary of my child's performance on the language test(s).

 Northern Illinois University
10/31/2025
Approved by NIU IRB
Void one year from above date