

Johns Hopkins University
Homewood Institutional Review Board (HIRB)

Informed Consent Form

Title: Sources of Difficulty in Language Processing and Learning

Principal Investigator: Tal Linzen (Dept. of Cognitive Science, Johns Hopkins University)

Date: 05-23-2017

PURPOSE OF RESEARCH STUDY:

The goal of the project is to measure what makes particular aspects of language easier or harder to learn and understand.

PROCEDURES:

You will be asked to read or listen to language, and answer questions about what you've read or heard. The sentences may be in a real language (such as English, Russian, or another language), or in a made-up language that you will learn during the experiment. The experiment may involve up to five sessions, but most participants will only participate in a single session, which will take up to an hour. Some participants will have their eye movements tracked as they read the texts; this will be indicated to those participants both when they are recruited and immediately before the experiment.

RISKS/DISCOMFORTS:

The risks associated with participation in this study are no greater than those encountered in daily life.

BENEFITS:

There are no direct benefits to you from participating in this study. This study may benefit society if the results lead to a better understanding of what makes certain aspects of language easier or harder to learn and understand.

VOLUNTARY PARTICIPATION AND RIGHT TO WITHDRAW:

Your participation in this study is entirely voluntary: You choose whether to participate. If you decide not to participate, there are no penalties, and you will not lose any benefits to which you would otherwise be entitled.

If you choose to participate in the study, you can stop your participation at any time, without any penalty or loss of benefits. If you want to withdraw from the study, please tell the experimenter.

CONFIDENTIALITY:

Any study records that identify you will be kept confidential to the extent possible by law. The

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records from your participation may be reviewed by people responsible for making sure that research is done properly, including members of the Johns Hopkins University Homewood Institutional Review Board and officials from government agencies such as the National Institutes of Health and the Office for Human Research Protections. (All of these people are required to keep your identity confidential.) Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

Any study records that include your name will be kept in a locked file cabinet. On all records of test results we will use a code number rather than your name.

COMPENSATION:

If you satisfactorily complete the study, you will be compensated with either course credit or with a set amount that will be determined by the average length of the session across participants.

IF YOU HAVE QUESTIONS OR CONCERNS:

You can ask questions about this research study now or at any time during the study, by talking to the researcher(s) working with you or by contacting Dr. Tal Linzen at tal.linzen@jhu.edu.

If you have questions about your rights as a research participant or feel that you have not been treated fairly, please contact the Homewood Institutional Review Board at Johns Hopkins University at hirb@jhu.edu.

SIGNATURES

WHAT YOUR SIGNATURE MEANS:

Your signature below means that you understand the information in this consent form.
Your signature also means that you agree to participate in the study.

By signing this consent form, you have not waived any legal rights you otherwise would have as a participant in a research study.

Participant's Signature

Date

Signature of Person Obtaining Consent

Date