

Informed Consent Form – Object Categorization Experiment

In this experiment we are interested in studying how people visually categorize objects. In everyday life, people categorize objects so easily that they do not realize how complex this task is. Objects from the same category are very different from one another. Even the same object never projects the exact same image to the retina, because of changes in the surrounding illumination, the particular viewpoint from which the person is looking at the object, how close the person is to the object, etc. We study how people can recognize categories of objects regardless of this variability.

This experiment consists of one 60-minute session that will be completed on a computer. This session is composed of many trials. On each trial, you will be presented with one or more pictures and you will need to select the correct response associated with a picture. Feedback will be visual and auditory (a score on the screen and different tones). You will complete a number of trials to learn what picture is associated with what response. After you complete the study, you will be given a debriefing summary and be permitted to leave.

You will be given one hour of research participation credit for being in this study. You will not be paid for your participation. You will not have any costs for being in this research study.

At no time should you experience any risk or discomfort. Your responses will be confidential. In the future they will be identified only by a number and your name will never be used. Your name is used only for the purpose of documenting your participation and assigning participation credit. The number assigned to your responses will not be linked to your name or any information that could identify you. It will not be possible for the researchers to identify your responses. All records and data will be maintained in locked offices or on a secure password protected computer system. In the event of any report or publication from this study, your identity will not be disclosed. If we write a report or article about this study or share the study data set with others, we will do so in such a way that you cannot be directly identified.

Your participation in this experiment is voluntary. If you choose not to participate or if at any time you would like to discontinue your participation, you will not be penalized in any way.

You may obtain answers to any pertinent questions about this research by e-mailing Dr. Fabian Soto to fabian.soto@psych.ucsb.edu, or telephoning Dr. Gregory Ashby at 893-2130 between the hours of 9:00 am and 5:00 pm. If you have any questions regarding any of your rights as a participant, you may contact the staff of the Human Subjects Committee in the Office of Research Development and Administration. The telephone number is 893-3807.

This Informed Consent Form is not a contract. It is a written explanation of what will happen during the study if you decide to participate. You are not waiving any legal rights

by signing this Informed Consent Form. Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Your signature below indicates that you have read and understand these instructions and that you consent to participate in the study described above.

Signature: _____ Print Name: _____

Date: _____