

**Language and pattern learning in children**  
Informed consent to participate in research study

**Primary Investigator:** Kathryn Schuler, [kschuler@sas.upenn.edu](mailto:kschuler@sas.upenn.edu)

You are invited to take part in a research study conducted by Kathryn Schuler in the Linguistics Department at the University of Pennsylvania. This consent form explains what we are studying and what you will be invited to do if you choose to consent. Please read and sign this form to confirm that you have been informed about the study and that you want to take part.

**What we are studying:** We are studying how people learn languages and the ways in which their ability to do so changes with age.

**What you will do:** You will be invited to play a 20 to 30-minute computer game in which you will be exposed to a made-up language or pattern that we have devised in our lab. During the game, you will be asked to respond (by pressing a button or speaking) to simple questions about the language or pattern you are learning. You will play the game in one session, though we may invite you to play in up to 3 additional sessions.

**Risks:** No known risks are associated with this study other than the potential for mild boredom. We minimize this risk by making our studies as engaging as possible so that they are fun for most people.

**Benefits:** Participating in this study will not benefit you directly. You may enjoy contributing to the study of language and cognitive science.

**Ending your participation:** You can choose whether or not to participate in this study. If you decide to participate now but change your mind later, you may withdraw from the study at any time without any negative consequences.

**Your rights:** Participation in this study is entirely **voluntary**. You may decline to participate or withdraw from the study at any time without any negative consequences.

**Confidentiality:** In order to keep your information safe, the data that we collect is separated from your name and coded with an index number. The mapping between this index number and your name will be stored separately from the data in a password-protected encrypted database. Identifiable information is never shared with anyone outside our research team.

**Data use:** We may share your anonymized data with approved members of our research team, but your name and date of birth will never be associated with any data that is shared. The overall results of this study may be published in scientific journals or discussed at academic conferences, but will never include your name, date of birth, or any other personal identifying information.

**Compensation:** You will receive course credit for participating in this study. If you are not eligible for course credit, you may receive \$10 for your participation. If you agree to participate in more than one session, you will receive this compensation for each session in which you participate.

**Questions?** If you have questions about the study, please contact Kathryn Schuler at 215-898-6909. If you have questions about your rights as a research participant, you may also contact the Office of Regulatory Affairs at the University of Pennsylvania at 215-898-2614.

**Authorization:** By granting your permission, you are indicating that you understand the information in this consent form, including: the risks and benefits, that being in this study is voluntary, that you choose to be in this study, and that you can withdraw at any time.

*IRB Approved: 27-Sep-2018*

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Your Name <b>[print]</b>	Your Date of Birth
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Your Signature	Today's Date
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The following section is to be completed by a member of our research team:

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Researcher's Name <b>[print]</b>	Researcher's Signature	Today's Date
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*IRB Approved: 27-Sep-2018*