

**Language and pattern learning in children**  
Parent or guardian consent for child to participate in research study

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

Your child is 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 your child 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 your child to take part.

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

**What your child will do:** With your consent, your child will be invited to play a 20 to 30-minute computer game in which they will be exposed to a made-up language or pattern that we have devised in our lab. During the game, your child will be asked to respond (by pressing a button or speaking) to simple questions about the language or pattern they are learning. Your child will play the game in one session, though we may request your permission to invite your child 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 children.

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

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

**Your child's rights:** Participation in this study is entirely **voluntary** for both you and your child. Your child may decline to participate or withdraw from the study at any time without any negative consequences.

**Confidentiality:** In order to keep information about your child safe, the data that we collect is separated from your child's name and coded with an index number. The mapping between this index number and your child's 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 child's anonymized data with approved members of our research team, but your child's 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 child's name, date of birth, or any other personal identifying information.

**Compensation:** Your child will receive stickers and a small book for participating in this study. If your child chooses to withdraw during the experiment, your child will still receive these gifts.

**Questions?** If you have questions about the study, please contact Kathryn Schuler at 215-898-6909. If you have questions about your child's 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 permission, you are indicating that you understand the information in this consent form, including: the risks and benefits to you and your child, that being in this study is voluntary, that you and your child choose to be in this study, and that you or your child can withdraw at any time.

*IRB Approved: 27-Sep-2018*

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Child's Name <b>[print]</b>	Child's Date of Birth
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Your Name <b>[print]</b>	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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