

Science Project Consent Form

Student Researcher: Emma Guarini

Title of Project: The Social Effect of Linguistic Alignment on Speech Production and Comprehension

I am asking for your child's voluntary participation in my science fair project. Please read the following information about the project. If you would like your child to participate, please sign in the appropriate area below.

Purpose of the Study: The purpose of the study is to understand the effect of memory load on communication effectiveness in high school students.

Scope of Activity: If your child participates, they will be asked to memorize a 4-digit number, sit at a table across from the student researcher, identify black and white images of everyday household objects based on the researcher's descriptions, describe the pictures back to the researcher, and recall the 4-digit number. Examples of images include apple, shoe, and toothbrush. There are no inappropriate or inflammatory images.

Testing Conditions: The experiment will be conducted in an available room at IBM. The participant and experimenter will be the only people in the room. However, parents may stand right outside the door of the testing room if they would like.

Time required for participation: 20-25 minutes

Potential risks of the study: There are no potential risks of this study. This is a non-invasive study that has no physical or emotional risks involved with participation. The participant has the option to stop participating at any point in the experiment.

Benefits: There are no benefits of participating in this study, however, the results of this study will be used to gain a better understanding of how the effectiveness of one's communication can be improved.

How Confidentiality will be Maintained: No identifying information will be obtained. The experiment is 100% anonymous.

If you have any questions about this study feel free to contact:

Student Researcher: Emma Guarini Email: emma.guarini@yorktown.org

Adult Sponsor: Michael Blueglass Email: mblueglass@yorktown.org

Voluntary Participation:

Participation in this study is completely voluntary. If your child decides not to participate there will not be negative consequences. Please be aware that if your child decides to participate, they may stop participating at any time and may decide not to answer any specific question. You may also decide to remove your child from the experiment at any point if you would like.

By signing this form, I am attesting that I have read and understand the information above and I freely give my permission for my child to participate.

Adult Informed Consent or Minor Assent

Date Reviewed & Signed: _____
(mm/dd/yy)

Research Participant Printed Name:

Signature:

Parental/Guardian Permission (if applicable)

Date Reviewed & Signed: _____
(mm/dd/yy)

Parent/Guardian Printed Name:

Signature: