



## CONSENT FORM

### Using Eye Tracking to Evaluate Language Learning in Children

Your child is invited to participate in a research study focused on better understanding the metalinguistic skills of children. The study is for children aged 5 through 8 years 11 months of age who are developing typically years and who speak English. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Lizbeth H. Finestack, Ph.D., CCC-SLP in the Department of Speech-Language-Hearing Sciences at the University of Minnesota (phone: 612-624-6090; email: [finestack@umn.edu](mailto:finestack@umn.edu))

#### **Background Information**

The purpose of this study is to examine the feasibility of using eye tracking and heart rate measures to evaluate language learning. Results from this study will help us better understand the role of visual attention and cognitive effort in language learning.

#### **Procedures**

If you agree for your child to be in this study, we will ask you to complete several short surveys about your child and your family. Your child will be asked to complete assessments of problem-solving, vocabulary, grammar, and language knowledge. Some of these assessments will be presented using an iPad; all are assessments commonly used with children.

Your child will be asked to complete a language learning task in which they play two space-themed games. They will be asked to learn to talk like a creature from outer space. The games will be presented via computer monitor.

We will also ask your child to wear a heart-rate monitor during the assessments. You have the option to not have your child wear the monitor. Your child may still participate in all other study tasks and be compensated.

The study session will take place at the University of Minnesota, Twin Cities Campus. The study should require no more than 1.5 hours of your time.

Your child's responses will be audio- and/or video-recorded during the session. Only Dr. Finestack, and other research staff associated with this project will have access to the audio and video recordings. The recordings will be used to code your child's responses for research purposes. The recordings will be destroyed 15 years after the enrollment of the last study participant.

### **Benefits and Risks of Being in the Study**

There are no direct benefits to participation in this research study. Information gained in this research study inform other studies focused on language learning. This information could be important in the development of new language teaching strategies for children with language impairment.

Participation in this study involves no unusual risks to you or your child. You or your child may become bored or frustrated and may feel uncomfortable answering some of the questions at times during the sessions. Your child may feel minor physical discomfort when wearing the heart rate monitors and completing the learning tasks with little to no movement. You and your child are encouraged to take breaks, as needed, and skip tasks, if desired.

### **Compensation**

At the end of the session, your child will receive \$20 cash.

### **Confidentiality**

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a participant. Research records will be stored securely and only researchers will have access to the records, including video and audio data. Study data will be encrypted according to current University policy for protection of confidentiality. All files with identifiable information will be destroyed 15 years after enrollment of the last study participant.

### **Voluntary Nature of the Study**

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota. If you decide to participate, you and your child are free not to answer any question or withdraw at any time without affecting those relationships. If you choose to withdraw from the research, you have the option to have your child's video and audio recordings destroyed.

### **Contacts and Questions**

The researcher conducting this study is Lizbeth H. Finestack, Ph.D., CCC-SLP from the Department of Speech-Language-Hearing Science at the University of Minnesota (phone: 612-624-6090; email: [finestack@umn.edu](mailto:finestack@umn.edu)). If you have any questions, **please contact** Dr. Finestack at any time.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St Southeast, Minneapolis, Minnesota 55455; 612-625-1650.

***You will be given a copy of this information to keep for your records.***

**Statement of Consent**

I have read the above information. I have asked questions and have received answers. I **consent** to participate in the study.

Printed name of parent or guardian: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

*Contact information:*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of child: \_\_\_\_\_

Child's birth date: \_\_\_\_\_

Signature of Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

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I have read the above information. I **do not consent** to participate in the study at this time, but would like to receive more information about the study.

Printed name of parent or guardian: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

*Contact information:*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_