

**ROOSEVELT UNIVERSITY**  
**Consent to Participate in Research- Sample**

**Project Title:** Study of Motor Learning Development

**Principal Investigator:**

**Purpose of Research:** The purpose of this research project is to map the rate of motor skill learning across age spans and compare this developmental trajectory across different clinical populations.

**Description of Participation:** If you choose to participate in this project, you will be asked to engage in mental tasks on a computer and using materials such as pictures. For many of these tasks, you will be asked to respond as quickly as possible. The entire experiment will take approximately 60 minutes.

**Risks and Benefits:** This study poses minimal risk to you as a participant. Because the study requires you to put forth mental effort, there is a possibility that you may experience fatigue or boredom. If this should occur, you may request a break. There is no direct benefit to you, but your participation in the study will help us gain insight into sequential learning and motor development in clinical populations such as autism and schizophrenia.

**Confidentiality:** Your participation in this study is completely voluntary. You may withdraw from the experiment at any time without penalty. Your responses will be kept confidential, and no identifying information will be linked to your responses. Only a numeric code will be associated with your responses. The master list linking numeric code to participant name will be stored in a locked drawer in a locked room.

**Consent Statement**

The research project and procedures associated with it have been explained to me. I have read and understand the above comments. I am aware that my participation is voluntary and that I may withdraw my consent at any time. I am aware that my condition to participate, or to withdraw from the study, will not affect any other relationship that I may have with Roosevelt University. I understand that my responses will be maintained in an appropriate and confidential manner.

I have had the chance to ask any questions I may have about this research study and my participation in it, and I am satisfied with the answers. I have received a copy of this consent form for my records. I understand that if I have any other questions regarding this project, I can contact (*Principal Investigator and phone number*). If I would rather speak with someone other than the researchers, I may contact the Roosevelt University Institutional Review Board at (312) 853-4774 or the Faculty Research Ethics Officer at (312) 341-2440.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date