

ROOSEVELT UNIVERSITY
Parental Consent Form- 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 allow your child to participate in this project, your child will be asked to engage in mental tasks on a computer and using materials such as pictures. For many of these tasks, your child 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 your child. Because the study requires your child to put forth mental effort, there is a possibility that your child may experience fatigue or boredom. If this should occur, your child may request a break. There is no direct benefit to your child, but your child's 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 child's participation in this study is completely voluntary. You may withdraw your child from the experiment at any time without penalty. Furthermore, your child may refuse to participate or discontinue participation at any time without penalty. Your child's responses will be kept confidential, and no identifying information will be linked to your child's responses. Only a numeric code will be associated with your child's 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 child's participation is voluntary and that I may withdraw my consent at any time. I am aware that my child's 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 child's 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 child's 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.

Child's Name

Parent/Guardian Signature

Printed Name

Date

Researcher Signature

Printed Name

Date