

University of Michigan Assent Form for Research

We want to tell you about a research study we are doing and see if you want to take part in it. Research is a way to learn more about something. This is the way we find out how children learn to speak and read.

- The name of this study is: Language & Reading Acquisition
- The researchers are: Ioulia Kovelman

It is okay to ask questions about what we are telling you. You can circle or highlight things on this paper you want to know more about. If you don't understand something, just ask us. We want you to ask questions now and anytime you think of them.

We are working to find out how children learn language, and how they learn to read, and why some children have an easy time learning, and why other children find it difficult to learn.

You are being asked to be in this research study because you know how to talk.

For you to be in this study both you and your parent (or guardian) must agree to you being in it. It is the adult's job to make sure the benefits and risks of this study are okay for you. But it is still up to you if you *want* to do it.

Parents and children say "no" for different reasons. It may be that you would miss too many activities or school. It could be the risks seem too great or that the benefits seem too low. Whatever the reason, it is your decision. You will not be treated any differently if you say "no."

If you decide to be in this research and your parent or guardian says yes, this is what will happen:

- You will play some games with us. We will read books, watch cartoons, and play on the computer.
- We are also going to use a video camera to tape us.
- I'll teach you how to play the games and you can ask me if you have any questions.
- Do you know how your brain works? We have a really cool machine that can tell us how your brain works by shining a light on your head. It's sort of like a headband with little lights on it.
- Just like when we take pictures with cameras, you need to sit really still when you have this headband on so the lights don't move around.
- You might get tired during the games. If you do, let me know and we can take a break.

Study ID: HUM00033727 IRB: IRBMED Date Approved: 8/27/2019 Expiration Date: 8/26/2020
You don't have to be in this study if you don't want to. Nobody will be mad at you if you don't want to be in the research study. You can say okay now and you can change your mind later. Just tell the researcher or your parent or guardian if you want to stop at any time.

Signatures

I have read this form or someone has read it to me. If I did not understand something, I asked the researcher or the assistant to explain it to me. I can always ask the researcher or the assistant a question about the study if I don't understand something. I will be given a copy of this form.

I agree to be videotaped as subject in this research study. I also agree that the recording may be used for the purpose of this research. I understand that I can stop the recording at any time.

Child's Signature: _____ Date: _____

Please check one box:

- ☐ YES, I want to be in this study and I know I can change my mind later.
- ☐ NO, I do not want to be in this study.

Child's signature:

Printed

Name: _____

Date of Signature: _____ Age: _____

Patient ID #: _____ Date of Birth: _____

The following should be completed by the study member conducting the assent process if the child agrees to be in the study. Check all that apply.

- ☐ The child is capable of reading and understanding the assent form and has signed above as documentation of assent to take part in this study.
- ☐ The child is not capable of reading the assent form, but the information was verbally explained to him/her. The child signed above as documentation of assent to take part in this study.
- ☐ The child had ample opportunity to have his or her questions answered.

Signature of person obtaining agreement: _____ Date _____

Printed name of person obtaining agreement: _____