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Consent Form: Learning from others

I invite you to give permission for your child to talk to students from Boston University. They are studying how children decide to learn from someone else, and if they privilege some people's information over others. In this study in particular, we are examining if children pay attention to different symbols of religious group membership when deciding who to learn from.

What happens in this research study? Children will play a set of games in which they will make a preference between two individuals who provide information about how to use an unfamiliar object The games are play-based and child friendly, and will take about 10-20 minutes each , and will be audio-recorded.

Risks and Discomforts: The interview presents minimal risks to your child. If your child displays any sign of discomfort, we will terminate participation. The main risk of allowing us to use and store your child's information for research is a potential loss of privacy. We will protect your child's privacy by labeling their information with a code and keeping the key to the code in a password-protected computer.

Benefits: There are no individual benefits from participating, but we hope this work will help us to improve teaching methods in early childhood.

Confidentiality: All information will remain confidential. Only IRB members and study staff will have access to recordings or identifying information. Your child's name will never be associated with any responses or information your child provides. All data will be stored in locked file cabinets and on a password-protected computer.

Costs and Payments: There is no cost to you for participation. Children will receive a small thank-you gift for participation. If you are traveling to the lab at BU to participate, you will be given compensation to offset transportation costs.

Voluntary Participation: Participation in this research is voluntary, and the alternative is not to participate. You and your child have a right to refuse to take part in this research without negative consequences. If you decide to participate and then change your mind, you can withdraw from the research at any time.

Contacts: If you have any questions about the study, please feel free to contact Kathleen Corriveau by email (kcorriv@bu.edu) or by phone (617-353-3259). If you have questions about your rights in this research, you may contact the Boston University Institutional Review Board (IRB) for Human Subjects Research at 617-358-6115 or irb@bu.edu.

We look forward to the possibility of talking to your child.
Kathleen Corriveau

Child's name…… …… Date of birth ……

Please select from the options below to indicate whether you would like for your child to participate:

☐ I ……..…….. (name of parent/guardian) **give permission** for my child to be interviewed as part of the "Learning from others" study.

☐ I ……..…….. (name of parent/guardian) **DO NOT** give permission for my child to be interviewed as part of the "Learning from others" study.

I have been informed that participation is voluntary, and that the decision whether to permit participation or not will have no effect on my relationship, or my child's relationship, to their school or to Boston University.

_____ _____
Signature of Parent/Legal Guardian Date

_____ _____
Signature of Person obtaining consent Date

Study Title: Children's and Adult's Understanding of the Invisible and the Impossible
IRB Protocol Number: 4631E
Consent Form Valid Date: 10/27/17
Study Expiration Date: 10/26/18