

**INFORMED CONSENT TO PARTICIPATE**

UNIVERSITY  
OF MANITOBA

Research Project Title:  
Researcher:

Auditory Discrimination/Preference in Infants  
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*This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.*

**Purpose:** This experiment examines infants' perception of language and/or emotional sounds.

**Procedure:** You and your baby will sit together in a testing booth in front of a set of television screens. You will wear headphones that play noises and music, so that you do not accidentally influence your baby's behavior in the experiment. Please do not remove the headphones unless you want to stop the experiment. A series of images or videos will appear on the screens and sounds will be played based on your child's interest in the display(s). We are interested in measuring your child's interest in what they are listening to based on how long they continue to look at the screens. There are no right or wrong answers. Sometimes infants are very interested in what they are listening to and seeing, sometimes they are not at all interested. Both of these are normal and do not say anything about your child's development. Because we are measuring your child's interest in what they are listening to, please avoid talking to your child or otherwise getting their attention during the study. If you want to talk to them or adjust them on your lap, try to do so when there is a circle flashing on the screen(s), or there is nothing on the screens. Of course if your child needs comforting, you should feel free to do so at any time. You can also stop the experiment at any time by simply removing your headphones. The entire experiment should last 5-10 minutes. You may be asked to fill out a voluntary questionnaire at the end of the experiment.

**Risks and Benefits:** There are no risks associated with this experiment. Occasionally children become bored or upset. ***Your participation is voluntary. You are free to discontinue participation at any time and with no consequences.*** We hope that you and your child will find participating to be an enjoyable experience. Without your generous participation, it would not be possible to conduct our research. Please be aware that there is a wide variety of normal behavior, and we do not know ahead of time how the babies will react to our sounds. Therefore, your child's behavior in the experiment will not provide meaningful information about their personal development. If you are concerned about your child's language development, please consult your family doctor/pediatrician or other medical professional.

**Confidentiality:** Because the experiment will be conducted in the laboratory, it is impossible to assure anonymity. We do, however, assure your confidentiality. No identifying information will be attached to your baby's response file. Your consent form and questionnaires will be kept indefinitely in a locked file drawer: ONLY current students or employees of the lab will have access to these forms in order to conduct their research. The information in them will not leave the lab. The data collected during the experiment will be kept indefinitely on a password protected laboratory computer. All data storage complies with the standards of the Manitoba Personal Health Information Act. If the research is published we will be obliged to provide your data file to researchers who request them. In that case we

would provide a copy of your data file. Signing this form grants us permission to provide your data file to those researchers. However, we will not provide any information that could identify you as a participant. Your contact information will be kept in our database for two years, and you may be contacted for future studies in our lab. Should you at any time wish not to be contacted for future studies, please tell a member of the lab, and we will be happy to remove your name from the calling list.

Our procedure does involve viewing your child over a video camera. Normally we record the session so that we can show evidence of our research upon request by other researchers, and occasionally we review the tapes if it looks like there might have been an error in the experimental procedure. However, you can request for your session not to be recorded. Videotapes, like the rest of your child's information, are stored separately from information identifying your child.

Feedback: We hope that you are interested in the research and we will be happy to answer any further questions you might have about it at any time. Because the research process takes time, particularly when studying young children, it may be a while before we have any results. Please feel to call or email us at any time to ask how things are going. You can also check the lab website <http://www.babylanguagelab.ca>, which provides information about ongoing and past studies.

Compensation: You will receive a parking pass for the duration of your stay in the lab. Your child can select a toy or book from the toy chest to take home with them for their efforts. You will the gift regardless of whether your child completes the study.

*Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. This research has been approved by the Psychology/Sociology Review Ethics Board (PSREB). If you have any concerns or complaints about this project you may contact the researcher (see top of form) or the Human Ethics Secretariat at 474-7122, or e-mail [margaret\\_bowman@umanitoba.ca](mailto:margaret_bowman@umanitoba.ca). A copy of this consent form has been given to you to keep for your records and reference.*

I wish to receive a report from this study by  email  fax  letter.

Reports will be sent within 2 years of the study.

I **DO/DO NOT** give the Baby Lab permission to contact me for future studies.

(please circle one)

Other requests by the parent (e.g. "please do not record a video of the session"):

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Participant's Signature

Date

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Researcher and/or Delegate's Signature

Date