Informed Consent to Participate in a Research Study
Study Title: *Interactive Communication*
Principal Investigator: *Jennifer M. Roche*

INTRODUCTION, PURPOSE, & BENEFITS

This consent form will provide you with information about the research project, what you will need to do, and the associated risks and benefits of the research. You are being invited to participate in a research study and your participation is voluntary. Please read this form carefully. It is important that you ask questions and fully understand the research in order to make an informed decision. This research project investigates language by the typical adult communicator. Upon completion of the experiment you will be informed of the current state of the literature and how your data will contribute, so that you can learn more about this area of behavioral research. This research may not directly benefit you, however, by including your resulting data, it will provide a valuable contribution toward our understanding of language processing more generally. The potential benefits you may experience in this study may include learning more about the cognitive processes associated with language, as a typical adult speaker/listener. You will receive a copy of this document to take with you.

PROCEDURES

Before the experiment, you will be asked whether or not you have been diagnosed any speech, hearing and vision impairments. Because this task crucially involves communication through the auditory and visual channels, individuals with speech or hearing impairments and/or non-corrected vision are not eligible to participate in this particular study. Prior to the experiment, you will be given specific instructions about what is required, including the exact duration of the experiment; we expect the session to be completed within about 1 hour. You will be asked to perform the experimental task(s), in which you will provide behavioral responses during an interactive communication task. You will be presented with items and may be asked to manipulate and provide information about those items. Additionally, a computer may control some of the experiment trials, so you could be providing your responses via an eye tracker, computer mouse and/or keyboard inputs during the experiment. The present experiment may also monitor your eye movements while you listen to and carry out instructions presented over headphones or instructions given by another participant during the collaborative task.

AUDIO & VIDEO RECORDING

During the experiment an audio and/or video recording device may be used to record your responses. During portions of the experiment that require the use of video and/or audio devices to record your data, we will record your eyes and/or you and your entire workspace. The recording of eye movements will help us to understand the mechanisms underlying language comprehension. Aside from any contribution to the research literature, it is possible that your data will be used for education and/or professional purposes in which your data will be shown at related education/professional meetings. Your name will not be directly attached to your video files, and you are free to examine your auditory/video recordings in order to determine if you would be interested in allowing your audio/video data to be used at educational or professional meetings.

RISKS & DISCOMFORTS

There is only minimal risk associated with this experiment, and should you decide, at any point during the course of the experiment that you are not comfortable proceeding, you do ***NOT*** have to continue participation. Fatigue is a main risk you will experience in the current study, because we will collect many observations, which are necessary for a reliable measure of performance. In order to counteract this fatigue, there will be planned rest breaks over the course of the experiment (i.e., 1 rest break per every 15 minutes of interaction). Another common risk is associated with the infrared light used in the eye-tracking system. The infrared light is emitted from the eye tracker at very low amperage and causes no damage to the eye. This kind of infrared eye tracking has been used for many years at many universities and no negative consequences have been reported. After about 20 minutes of wearing the device, some slight discomfort (no more than wearing a pair of corrective or sunglasses) may result at points where the glasses make contact with your head. To counteract this, we will provide you with scheduled rest breaks (1 every 15 minutes of participation), and may also insert pieces of foam in the regions of pressure to alleviate any mild discomfort experienced. If at any time you would like a break (outside of the planned rest breaks), simply let the experimenter(s) know, and they will help you remove the

eyetracking hardware. Also, if you are uncomfortable and wish to discontinue the experiment, inform the experimenter(s). As you are free to stop at any time for whatever reason, with no penalty to you. Should you end the study early, you will be fully compensated for the amount of time you participated in the experiment.

PRIVACY & CONFIDENTIALITY

Your study related information will be kept confidential within the limits of the law. Any identifying information collected will be kept in a secure location and only the researchers will have access to the data. Research participants will not be identified in any publication or presentation of research results; only aggregate data will be used. Your research information may, in certain circumstances, be disclosed to the Institutional Review Board (IRB), which oversees research at Kent State University, or to certain federal agencies. Confidentiality may not be maintained if you indicate that you may do harm to yourself or others. Your identity as a participant will remain confidential. Only investigators working within the laboratory will have access to the data you provide, which will not be saved with reference to your name. We expect the findings of this study will be published in a scientific journal; no information that identifies you by name will be released.

COMPENSATION

You will receive either $5 or .5 extra credit points (only participating SPA courses: see your instructor) for each half hour of experimental participation. You may refuse to participate and withdraw at ***ANY*** time during the session with ***NO*** penalty to you. If you wish to stop, simply tell the researcher.

VOLUNTARY PARTICIPATION

Taking part in this research study is entirely up to you. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. You will be informed of any new, relevant information that may affect your health, welfare, or willingness to continue participation in this study, should it arise.

CONTACT INFORMATION

Any remaining questions or if you feel that your participation has resulted in any emotional or physical discomfort, comments can be directed to the Principal Investigator (Jennifer M. Roche) via email (jroche3@kent.edu) or by phone (330-672-0244). This project has been approved by the Kent State University Institutional Review Board (Researchcompliance@kent.edu). If you have any questions about your rights as a research participant or complaints about the research, you may also call the IRB (Paulette Washko, Director of Research Compliance at 330-672-2704).

CONSENT STATEMENT, FUTURE RECRUITMENT, & SIGNATURE

I have read this consent form and understand the information that has been provided above. I have had the opportunity to have my questions answered to my satisfaction and understand the research and my rights as a participant. I voluntarily agree to participate in this study. I certify that I am at least 18 years of age and that I understand that a copy of this consent form will be provided to me for future reference.

The MADI lab would like to present you with the opportunity to be recruited for future experiments in our lab. If you are interested, please fill out your email address and indicate your willingness to get emails from our lab. At any time you would like to be removed from our list, you may request to be removed.

Email Address: _____

____I want to receive emails about future studies ____I do not want to receive emails about future studies

_____ _____

Participant Signature **Date**

Informed Consent to Participate in a Research Study
Study Title: *Acoustic Differences in Comprehension and Production*
Principal Investigator: *Jennifer M. Roche*
Co-Investigators: *Kayley Bevard & Krystal Duchi*

INTRODUCTION, PURPOSE, & BENEFITS

This consent form will provide you with information about the research project, what you will need to do, and the associated risks and benefits of the research. You are being invited to participate in a research study and your participation is voluntary. Please read this form carefully. It is important that you ask questions and fully understand the research in order to make an informed decision. This research project investigates language by the typical adult communicator. Upon completion of the experiment you will be informed of the current state of the literature and how your data will contribute, so that you can learn more about this area of behavioral research. This research may not directly benefit you, however, by including your resulting data, it will provide a valuable contribution toward our understanding of language processing more generally. The potential benefits you may experience in this study may include learning more about the cognitive processes associated with language, as a typical adult speaker/listener. You will receive a copy of this document to take with you.

PROCEDURES

Before the experiment, you will be asked whether or not you have been diagnosed any speech, hearing and vision impairments. Because this task crucially involves communication through the auditory and visual channels, individuals with speech or hearing impairments and/or non-corrected vision are not eligible to participate in this particular study. Prior to the experiment, you will be given specific instructions about what is required, including the exact duration of the experiment; we expect the session to be completed within 30 minutes to 1 hour. You will be asked to perform the experimental task(s), in which you will provide behavioral responses during an interactive communication task. You will be presented with items and may be asked to manipulate and provide information about those items. Additionally, a computer may control some of the experiment trials, so you could be providing your responses via an eye tracker, computer mouse and/or keyboard inputs during the experiment. The present experiment may also monitor your eye movements while you listen to and carry out instructions presented over headphones or instructions given by another participant during the collaborative task.

AUDIO & VIDEO RECORDING

During the experiment an audio and/or video recording device may be used to record your responses. During portions of the experiment that require the use of video and/or audio devices to record your data, we will record your eyes and/or you and your entire workspace. The recording of eye movements will help us to understand the mechanisms underlying language comprehension. Aside from any contribution to the research literature, it is possible that your data will be used for educational, research, and/or professional purposes in which your data may be used for other research studies. Your name will not be directly attached to your video files, and you are free to examine your auditory/video recordings in order to determine if you would be interested in allowing your audio/video data to be used at educational or professional meetings.

RISKS & DISCOMFORTS

There is only minimal risk associated with this experiment, and should you decide, at any point during the course of the experiment that you are not comfortable proceeding, you do ***NOT*** have to continue participation. Fatigue is a main risk you will experience in the current study, because we will collect many observations, which are necessary for a reliable measure of performance. In order to counteract this fatigue, there will be planned rest breaks over the course of the experiment (i.e., 1 rest break per every 15 minutes of interaction). Another common risk is associated with the infrared light used in the eye-tracking system. The infrared light is emitted from the eye tracker at very low amperage and causes no damage to the eye. This kind of infrared eye tracking has been used for many years at many universities and no negative consequences have been reported. After about 20 minutes of wearing the device, some slight discomfort (no more than wearing a pair of corrective or sunglasses) may result at points where the glasses make contact with your head. To counteract this, we will provide you with scheduled rest breaks (1 every 15 minutes of participation), and may also insert pieces of foam in the regions of pressure to alleviate any mild discomfort experienced. If at any time you would like

a break (outside of the planned rest breaks), simply let the experimenter(s) know, and they will help you remove the eyetracking hardware. Also, if you are uncomfortable and wish to discontinue the experiment, inform the experimenter(s). As you are free to stop at any time for whatever reason, with no penalty to you. Should you end the study early, you will be fully compensated for the amount of time you participated in the experiment.

PRIVACY & CONFIDENTIALITY

Your study related information will be kept confidential within the limits of the law. Any identifying information collected will be kept in a secure location and only the researchers will have access to the data. Research participants will not be identified in any publication or presentation of research results; only aggregate data will be used. Your research information may, in certain circumstances, be disclosed to the Institutional Review Board (IRB), which oversees research at Kent State University, or to certain federal agencies. Confidentiality may not be maintained if you indicate that you may do harm to yourself or others. Your identity as a participant will remain confidential. Only investigators working within the laboratory will have access to the data you provide, which will not be saved with reference to your name. We expect the findings of this study will be published in a scientific journal; no information that identifies you by name will be released.

COMPENSATION

You will receive either $5 or .5 extra credit points (only participating SPA courses: see your instructor) for each half hour of experimental participation. You may refuse to participate and withdraw at ***ANY*** time during the session with ***NO*** penalty to you. If you wish to stop, simply tell the researcher.

VOLUNTARY PARTICIPATION

Taking part in this research study is entirely up to you. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Additionally, participants choosing not to participate have the opportunity to complete an extra credit assignment (150 word summary on a research article of their choice). You will be informed of any new, relevant information that may affect your health, welfare, or willingness to continue participation in this study, should it arise.

CONTACT INFORMATION

Any remaining questions or if you feel that your participation has resulted in any emotional or physical discomfort, comments can be directed to the Principal Investigator (Jennifer M. Roche) via email (jroche3@kent.edu) or by phone (330-672-0244). This project has been approved by the Kent State University Institutional Review Board (Researchcompliance@kent.edu). If you have any questions about your rights as a research participant or complaints about the research, you may also call the IRB (Paulette Washko, Director of Research Compliance at 330-672-2704).

CONSENT STATEMENT & SIGNATURE

I have read this consent form and understand the information that has been provided above. I have had the opportunity to have my questions answered to my satisfaction and understand the research and my rights as a participant. I voluntarily agree to participate in this study. I certify that I am at least 18 years of age and that I understand that a copy of this consent form will be provided to me for future reference.

_____ _____

Participant Signature **Date**

FUTURE RECRUITMENT

The MADI lab would like to present you with the opportunity to be recruited for future experiments in our lab. If you are interested, please fill out your email address and indicate your willingness to get emails from our lab. At any time you would like to be removed from our list, you may request to be removed.

Email Address: _____

____I want to receive emails about future studies ____I do not want to receive emails about future studies