

**CONSENT TO PARTICIPATE IN RESEARCH
(Child Participant)**

Project Title: Development of Relational Reasoning

Principal Investigator: Robert M. Morrison, Ph.D., Loyola University Chicago
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Supported by: Loyola University Chicago

Introduction:

Your child is being asked to take part in a research study conducted by the above investigator. This research will take place during your child's visit to Loyola University Chicago's Cognitive & Affective Neuroscience Lab (canlab.org). You are also being asked to give permission for your child to take part in this study. Please read this form carefully and ask any questions you may have before deciding whether your child will participate in this study.

Purpose:

We are interested in how the brain changes to allow for the development of reasoning. Our hope is that a better understanding of these changes will help educators to better teach reasoning, which is an essential component of critical thinking.

Procedures:

If you agree to allow your child to be in this study, your child will first be asked a few basic questions regarding their first menstruation in an online survey. Next, your child will come to the CAN Lab and perform a series of computer-based tasks while we record their brain waves via scalp electroencephalography (EEG). The time required for your child's participation at the CAN Lab is about two hours.

Risks:

There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life.

Benefits:

Although there are no direct benefits, you and your child may feel satisfaction in knowing you are contributing to the study of how children's reasoning ability develops.

Participation is Voluntary/Alternatives:

Your consent is voluntary. You and your child have the option to choose not to participate in this research study at any time.

Confidentiality:

Participation in this research study may result in a loss of privacy because persons other than the investigator(s) might review your child's study records. Unless required by law, only the study investigators, members of the investigators' staff, Loyola University Chicago Institutional Review Boards, and representatives from the Office for Human Research Protections (DHHS) will have authority to review study records. These individuals and groups are required to maintain confidentiality regarding your child's identity.

Information collected from your child will be secured in the researchers' office. Only the main researchers will have access to this information, and it will be kept for five years. Results of this study may be used for teaching, research, publications or presentations at scientific meetings. If your child's individual results are discussed, your child's identity will not be identified in any way.

Financial Information/Compensation:

Your child's participation in this study will involve no cost to you. If you choose to allow your child to participate, your child will receive a \$15 gift card to either Target or Amazon for their use.

Participant's Rights:

Your child's participation in this study is voluntary, and you or your child may withdraw from the study at any time. If you withdraw your child, no more information will be collected from your child. When you indicate that you wish to withdraw your child, the investigator will ask if the materials already collected in the study can be used. Your child will receive full compensation even if you withdraw your child.

Contact Persons:

If you have questions about this research study, please feel free to contact Dr. Robert Morrison. Please use the phone and email information provided on the top of this form to contact him. Questions about research subjects' rights may be directed to Loyola University Office of Research Services (773-508-2689).

Future Contact:

Please initial one of the following options:

_____ I agree to have researchers contact me in the future about participation in future studies.

_____ Please do not contact me about future studies

Parent Statement of Consent:

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to allow my child to participate in the

research study described above. I will have an option to download a copy of this form. Please type your name below if you agree.

Parent/Legal Guardian Name (typed)

