

**PARENTAL PERMISSION DOCUMENT FOR ENROLLING MINORS IN A
RESEARCH STUDY**

Georgia Institute of Technology

Project Title: Computational Methods for Analyzing Children's Behavior During a Developmental Screener

Investigators: James Rehg, Ph.D. (Principal Investigator), Agata Rozga, Ph.D. (co-PI),
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Protocol and Consent Title: Computational Methods for Analyzing Children's Behavior During a Developmental Screener

We are asking your permission for your child to be in a research study.

Purpose:

In this study, we will build new computer tools to measure social, play, and communication behaviors of young children. We will measure behaviors such as eye contact, smiling, gestures, and talking. Children who do not show these behaviors early in life may be at-risk for developmental problems. We hope that our tools will one day help parents and doctors keep better track of children's early development. We will ask 500 children between the ages of 15 and 30 months to be a part of this study.

Procedures:

If you agree to be in this study, a research assistant will play with your child. First, she will play with your child on the floor with some toys for 10-15 minutes so that your child can get used to her and the room. Then, she will play with your child at a small table. Your child will be seated in your lap. The research assistant will play three games with your child, including rolling a ball back and forth, looking at pictures in a book, and a tickle game. During the play, she will take notes on your child's behavior. The entire play session will be videotaped and the sounds will be recorded. We will also ask your child to wear a small bracelet on his/her wrist. This bracelet measures your child's movement and sweat responses. This data tells us how excited or calm your child is during different parts of the visit.

You will also fill out some questionnaires. First, you will fill out a form that asks general questions about your child and your family. Next, if your child is 24 months or younger, you will fill out two forms that ask questions about your child's social and play behaviors, gestures, communication, and language. If your child 25 months of age or older, you will fill out one form that asks questions about your child's social and communication skills, and another form that asks questions about any problem behaviors your child shows. After the visit, a research assistant will score the forms. Your child's score can tell us if your child is having any problems in his/her development. We will send you a letter



summarizing the results of the scoring along with a copy of the forms you filled out. You are welcome to share these with your pediatrician. You will receive this letter within two weeks of your visit to the Child Study Lab. You can contact us with any questions you have about the report.

The total time for the whole session will be no more than 45 minutes. We will ask you and your child to come back to Georgia Tech in 1 to 3 months to repeat the play session. You can decide to stop your participation in the study at any time.

Risks or Discomforts:

Your child may not feel comfortable interacting with a stranger. To make your child comfortable, we will ask you to stay in the room with your child during the play session. If your child becomes upset, we will stop the play session and give him/her a break. You can also stop the play session if you think your child needs a break. Because we will record video of your child, someone might recognize your child from the video. We will make sure that only people who work on this study can see the video.

Benefits:

Your child will not benefit directly from joining this study. We hope that what we learn will someday help children who are at-risk for developmental delay.

Compensation to You:

We will cover your parking expenses while you visit our lab. Your child will receive a small toy (ball or book) at the end of each session. You will receive a \$50 Target gift card for your time after each session. You will receive this gift card even if your child does not complete the entire session, or if you chose to end the session early.

Confidentiality:

We will keep facts about your child and what they do in our study a private to the extent that the law allows. We will keep your child's study records under a code number and not by name. We will keep all records in locked files. We will let only our study staff look at and work with them. We will not let your child's name and any other fact that might point to him or her appear when we present or publish results of our study. Some groups may review study records to make sure that we are carrying out this study in the proper way. These include the Georgia Institute of Technology Institutional Review Board; the Office of Human Research Protections; and the National Science Foundation.

We will collect digital video, audio, and skin conductance (sweat) recordings of your child during this visit. Our study aims to develop computer methods to analyze behavior. This includes facial expressions, eye contact, and responding to one's name. Thus, we will not blur your child's face and we will not remove mention of your child's name. We will keep all recordings as private as the law allows. We will save all recordings in a password-protected directory. This directory will be on a computer server kept by the College of Computing at Georgia Tech. We will identify your child's recordings only with a random code number assigned to him or her. Only the principal investigator and co-



investigators will have access to the list linking the code number with your child's name. This list will be kept on a password-protected computer at our laboratory at Georgia Tech.

Only researchers working on this study will be able to view these recordings. The names of all the researchers at Georgia Tech will be included with our protocol approved by the Institutional Review Board. We will not show your child's video in public places such as classes, conferences, and trainings/workshops unless you allow us to do so. If you want to give your permission, we ask you to sign your name on page 4 of this form. We will not share your child's recordings with researchers outside of Georgia Tech who are working with us unless you allow us to do so. If you want to give your permission, we ask you to sign your name on page 4 of this form. We will keep all the recordings as long as we think they can be used in research and training. When the study is over, we will save the recordings.

Costs to You or Your Child:

You do not have to pay to be in the study.

In Case of Injury/Harm:

If your child is hurt while being in this study, please call the researcher in charge of this study. His name is Dr. James Rehg, and his telephone is 404-894-9105. Dr. Rehg and Georgia Tech will not pay for any costs if your child is hurt while being in this study.

Participant Rights:

- You have the right to change your mind and remove your child from the study at any time. You do not have to give a reason, and there is no penalty.
- Any new information that could change your mind about allowing your child to be in this study will be given to you.
- You will be given a copy of this Parental Permission form to keep.
- You do not waive any of your legal rights or those of your child by signing this Parental Permission form.

Questions about the Study:

If you have any questions about the study, you may contact Dr. James Rehg at telephone (404) 894-9105, or email <rehg@cc.gatech.edu>.

Questions about Your Child's Rights as a Research Participant:

If you have any questions about your child's rights as a research participant, you may contact Ms. Melanie Clark, Georgia Institute of Technology Office of Research Compliance, at (404) 894-6942.

PLEASE GO TO THE NEXT PAGE



If you sign below, it means that you have read (or have had read to you) the information given in this Parental Permission form, and you would like your child to be in this study.

Child's Name (printed)

Parent's Name, Printed

Parent's Signature Date _____

Signature of Person Obtaining Consent Date _____

Additional consent to share video recording, audio recording, and sweat response recording:

I also consent to have the video, audio, and sweat response recordings from this study presented by researchers in public forums (e.g., classes, conferences, workshops, researcher trainings).

Check one: Yes _____ No _____

Signature of Parent or Legal Guardian Date _____

I also allow my child's video, sound, and heart rate/sweat response recordings to be shared with other researchers outside of Georgia Tech who are working on this study.

Check one: Yes _____ No _____

Signature of Parent or Legal Guardian Date _____

