



**Parent Permission for Child’s Participation in Research**  
**University of Cincinnati**  
**Department of Psychology**  
**Principal Investigator: Heidi Kloos, Ph. D.**  
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**Children’s Cognitive Research Lab – 556.5076 - [www.uc.edu/ccrl](http://www.uc.edu/ccrl)**

**Title of Study:** Exploring the Source and Development of Children’s Beliefs about Physics

**Introduction:** You are being asked to allow your child to take part in a research study at your child’s school. The study is part of an ongoing effort of the Children's Cognitive Research lab to understand young children's reasoning skills. Please read this document carefully and ask questions if something is unclear.

**Who is doing this research study?** The person in charge of this research study is Dr. Heidi Kloos, assistant professor at the University of Cincinnati, Department of Psychology.

**What is the purpose of this research study?** The purpose of this research study is to investigate how children understand basic concepts of physics.

**Who will be in this research study?**

Participants are about 500 boys and girls between 1 and 12 years old

**What will your child be asked to do in this research study, and how long will it take?**

Your child will be asked to participate in short reasoning games (each about 10 minutes long) administered on a computer. The games are designed to investigate children's beliefs about physical regularities, using a fun and non-pressured format. For example, the researcher will show your child a larger and a smaller block and ask him/her to pick the one that would move fastest. Your child is likely to enjoy the games, and we will not do anything to upset your child. In some cases, we will ask to videotape your child to obtain more detailed information about their exploratory behavior when performing a task. Your child will play up to three of these games with a member of our research team. Your child’s school will distribute our *Newsletter for Parents* that details the progress of the study.

**Are there any risks to being in this research study?** There are no expected risks.

**Are there any benefits from being in this research study?** There is no direct personal benefit from participating in this study. However, the results will increase our knowledge of young children's reasoning and problem-solving skills; therefore we truly appreciate your help.

**Will your child have to pay anything to be in this research study?** No.

**What will your child get because of being in this research study?**

At the end of a game, your child will get a small gift.

**Does your child have choices about taking part in this research study?**

If you do not want your child to take part in this research study he or she may simply not participate.

**How will your child’s research information be kept confidential?**

Agents of the University of Cincinnati and the sponsors National Institutes of Health (NIH) and National Science Foundation (NSF) may inspect study records for audit or quality assurance purposes. However, your child’s personal information will be kept separate from information about your child’s performance. Any published data will not identify participants by name. The identity of your child and all information will be kept confidential unless the authorities have to be notified about abuse or immediate harm that may come to you, your child, or others. All research forms will be kept in a locked filing cabinet in Dyer Hall for up to five years after publication. Data will be shredded afterwards by the research team.

**What are your and your child’s legal rights in this research study?** Nothing in this consent form waives any legal rights you or your child may have. This consent form also does not release the investigator, the sponsors, the institution, or its agents from liability for negligence.

**What if you or your child has questions about this research study?** For any questions, concerns, or complaints about this research study, please contact Dr. Heidi Kloos at 556-5525.

The University of Cincinnati Institutional Review Board – Social and Behavioral Sciences reviews all non-medical research projects that involve human participants to be sure the rights and welfare of participants are protected. If you have questions about your or your child’s rights as a research participant, you may contact the University of Cincinnati Institutional Review Board – Social and Behavioral Sciences at (513) 558-5784. If you have a concern about the study you may also call the UC Research Compliance Hotline at (800) 889-1547, or you may write to the Institutional Review Board-Social and Behavioral Sciences, 51 Goodman Drive Suite 300 Cincinnati, OH 45221, or you may email the IRB office at [irb@ucmail.uc.edu](mailto:irb@ucmail.uc.edu).

**Does your child HAVE to take part in this research study?** No one has to be in this research study. Refusing to take part will NOT cause any penalty or loss of benefits that you or your child would otherwise have. You may give your permission and then change your mind and take your child out of this study at any time. Your child will still receive the small gift.

Your child will be asked if he or she wants to take part in this research study. Even if you say yes, your child may still say no.

**How can I sign up my child to participate?** If you would like your child to participate, please fill out the last page and return it to your child’s school. All other pages of this package are for you to keep.

If your child has already participated in one of our projects, and you would like him/her to participate again, please also fill out the page.

We thank you in advance for your interest and participation.

**Agreement:**

I have read this information and have received answers to any questions I asked. I give my permission for my child to participate in this research study. I will keep the provided copy of this Parent Permission form for my records.

School Name \_\_\_\_\_

Please circle the days/times your child attends: **M T W R F AM PM -or- ALL DAY**

Teacher or Classroom name/number \_\_\_\_\_

Your Child's Name (please print) \_\_\_\_\_

Your Child's Date of Birth \_\_\_\_\_ Your Child's Gender **F**  
 (Month / Day / Year)

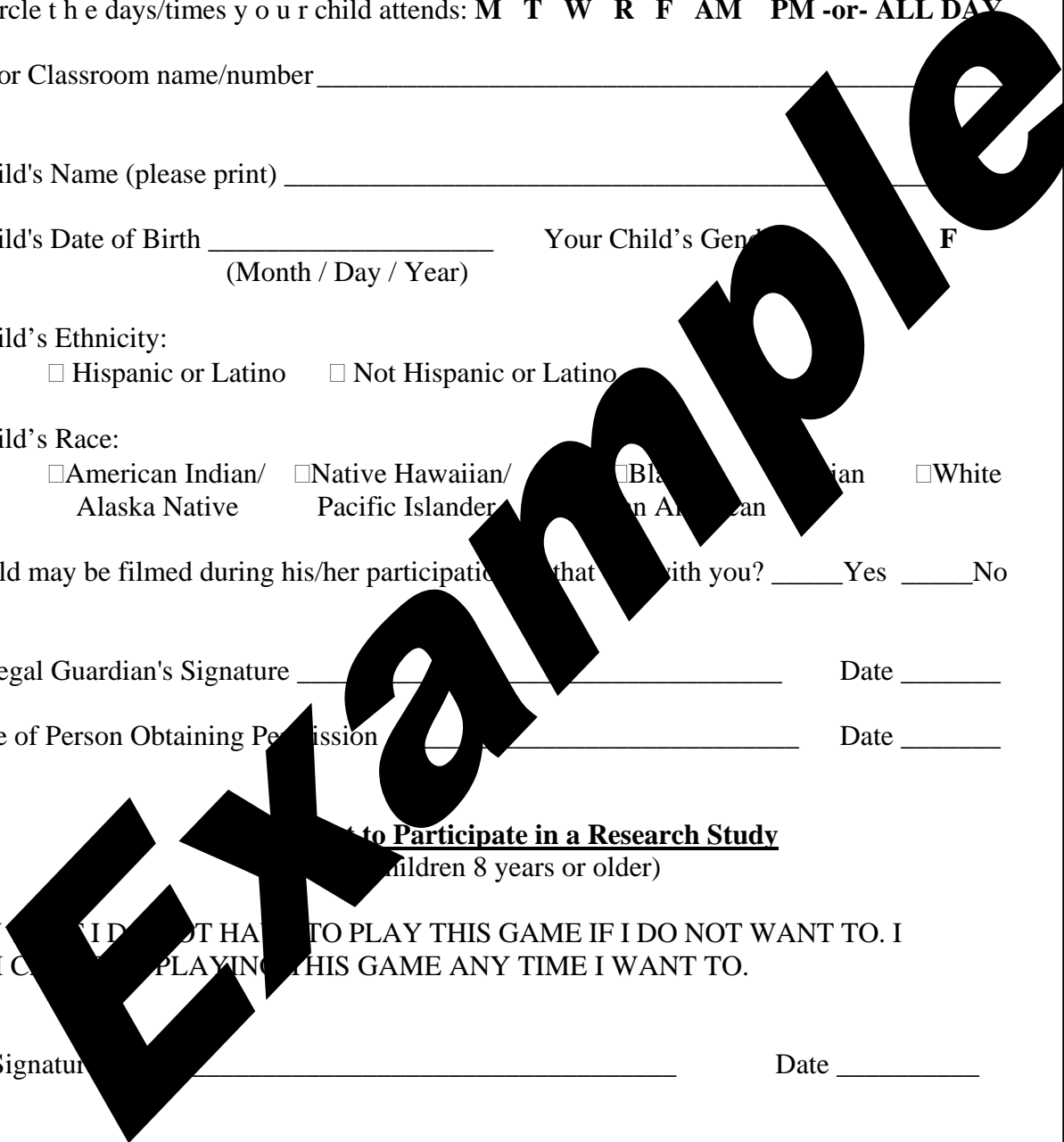
Your Child's Ethnicity:  
 Hispanic or Latino     Not Hispanic or Latino

Your Child's Race:  
 American Indian/ Alaska Native     Native Hawaiian/ Pacific Islander     Black or African American     White

Your child may be filmed during his/her participation that \_\_\_\_\_ with you? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Obtaining Permission \_\_\_\_\_ Date \_\_\_\_\_



**Consent to Participate in a Research Study**  
 (Children 8 years or older)

I KNOW I DO NOT HAVE TO PLAY THIS GAME IF I DO NOT WANT TO. I KNOW I CAN STOP PLAYING THIS GAME ANY TIME I WANT TO.

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature and Title of Person Obtaining Consent \_\_\_\_\_ Date: \_\_\_\_\_

**Your Copy**

**Agreement:**

I have read this information and have received answers to any questions I asked. I give my permission for my child to participate in this research study. I will keep the provided copy of this Parent Permission form for my records.

School Name \_\_\_\_\_

Please circle the days/times your child attends: **M T W R F AM PM -or- ALL DAY**

Teacher or Classroom name/number \_\_\_\_\_

Your Child's Name (please print) \_\_\_\_\_

Your Child's Date of Birth \_\_\_\_\_ Your Child's Gender **M F**  
 (Month / Day / Year)

Your Child's Ethnicity:  
 Hispanic or Latino     Not Hispanic or Latino

Your Child's Race:  
 American Indian/ Alaska Native     Native Hawaiian/ Pacific Islander     Black/ African American     Asian     White

Your child may be filmed during his/her participation. Is that OK with you? \_\_\_\_ Yes \_\_\_\_ No

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Obtaining Permission \_\_\_\_\_ Date \_\_\_\_\_

**Child Assent to Participate in a Research Study**  
 (For children 8 years or older)

I KNOW THAT I DO NOT HAVE TO PLAY THIS GAME IF I DO NOT WANT TO. I KNOW I CAN STOP PLAYING THIS GAME ANY TIME I WANT TO.

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature and Title of Person Obtaining Consent \_\_\_\_\_ Date: \_\_\_\_\_

**If you would like your child to participate, please return this form to school.**