

## CONSENT TO PARTICIPATE IN BEHAVIORAL RESEARCH: Inference and Induction Study

### About the study

Observing your child's behavior during this study will help us to understand how infants and children use evidence to learn and make predictions about the world. From our standpoint there are no right or wrong answers; we are just interested in what your child thinks and does!

### Participation and withdrawal

Your child's participation in this study is completely voluntary and you are free to choose whether he or she should participate. If you choose to allow your child's participation, you may subsequently withdraw your child from the study at any time without penalty or consequences of any kind. Your child may also elect to opt out of the study at any time. You may stop the experiment if at any point your child indicates that he or she does not want to participate.

### Data collection and use

During the experiment, you and your child will be recorded via your computer's webcam and microphone while watching a video or completing an activity. This data is stored only on your own computer during the experiment. After the experiment ends (or if you choose to end it early), you will decide whether to transmit it securely to our lab. You have the right to make a copy of the recording.

Recordings will be stored on a password-protected computer in a locked office in the laboratory and accessed only by MIT scientists. A trained researcher may transcribe responses or record information such as where your child is looking and his/her facial expressions. Data are used for academic purposes only and the recording will not be used to identify you or your child. The only additional information we will have is the time at which you completed the study and the amount of time you spent to complete it. The results of the research, including video clips, may be presented at scientific meetings or published in scientific journals.

If you or your child have any questions or concerns about the research, please feel free to contact:  
*Associate Professor Laura Schulz*  
*MIT Dept of Brain & Cognitive Sciences*  
*77 Massachusetts Avenue, 46-4011*  
*Cambridge, MA 02139*  
*(617)253-7957*  
*lschulz@mit.edu*

**I understand the information provided above. My questions have been answered to my satisfaction, and I agree to let my child participate in this study.**

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of Legal Representative (Parent):** \_\_\_\_\_

**Signature of Legal Representative (Parent):** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_