New York University
A private university in the public service
Faculty of Arts and Science
Department of Psychology
6 Washington Place, Room 601
New York, NY 10003-6634
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Parental/Guardian Permission Form for Department Pool Participants Earning Credit
IRB-FY2016-478

Your child, ______________________, is invited to take part in a study named Attention and Perception. The study is designed to learn more about the effect of attention on visual perception. The research is being conducted by Marisa Carrasco, who is the principal investigator, and her research team in the NYU Department of Psychology.

If you permit participation in this study, your child will be asked to view visual stimuli on a screen and report properties of those stimuli by pressing a button, on each trial, corresponding to a property (e.g., presence or absence, orientation, appearance or location) of one or more of the stimuli that were presented. Participation will take about 1 hour for each experimental day. The experiment will take approximately 1-2 experimental days to finish, and will earn 1 credit per hour for laboratory participation towards the course research requirement. If your child withdraws from the study, your child will receive credit for the time completed. Your child can fulfill the course requirement in other ways besides participating in research.

There are no known risks associated with participation in this research beyond those of everyday life. Although your child will receive no direct benefits for participation in this study, your child may become more aware of how knowledge is discovered in psychology and help the investigator better understand how attention affects our visual perception.

Taking part in this study is voluntary. Not taking part or withdrawing from the study will not affect your child’s grades or academic standing in any way. Your child has the right to skip or not answer any questions he/she prefers not to answer. When your child completes the study, a thorough verbal and written explanation of it will be provided.

Confidentiality of your child’s research records will be maintained by data being stored in the investigator’s file and will be identifiable only by a code number. The code key connecting your child’s name to specific information will be kept in a separate, secure location. The de-identified data from the study will be kept at least until 5 years after publication, as recommended by the American Psychological Association. De-identified data may also be posted online when research results are published. Information not containing identifiers may be used in future research or shared with other researchers without additional consent.

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. Researchers with this Certificate will not disclose or use information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, even if there is a court subpoena.

Exceptions include:

- Your explicit approval for the researchers to release your name and/or personally identifiable information.

The researcher cannot keep information confidential if they have concerns that someone is hurting children or that your child might hurt themselves or someone else. In such cases, the researcher will inform people in authority about their concerns.

NYU
IRB# 2016-478
APPROVED: 08/31/2018 – 08/31/2019
If there is anything about the study or taking part in it that is unclear or that you do not understand, or if you have questions or wish to report a research-related problem, you may contact the principal investigator, Marisa Carrasco, in the Carrasco Lab (Rm 970) of the Psychology Department, Meyer Hall, located at 6 Washington Place, New York, NY, 10003; Phone: 212-998-8328; Email: marisa.carrasco@nyu.edu.

For questions about your child’s rights as a research participant, you may contact the University Committee on Activities Involving Human Subjects (UCAIHS/IRB), New York University, (212) 998-4808 or ask.humansubjects@nyu.edu, 665 Broadway, Suite 804, New York, NY 10012.

You have received a copy of this permission document to keep.

Permission

______________________________  __________________________
Parent’s Signature                Date