Parental/Guardian Permission Form for Department Pool Participants Earning Credit
IRB-FY2016-266

Your child, ________________________, is invited to take part in a study named Attention & Perceptual Learning. The study is designed to learn more about the effects of attention on visual perception and perceptual learning. The research is being conducted by Marisa Carrasco who is a faculty in the Department of Psychology, New York University.

If you permit participation in this study, your child will be asked to:

1. View visual stimuli on a screen. On each trial, a property (e.g., presence or absence, orientation, appearance or location) of one or more of the stimuli will be presented. Your child will be asked to report the properties of those stimuli by pressing a button.

2. Eye movements may be recorded with non-invasive eye-tracking systems.

Participation will take 1-2 experimental sessions, with 1-2 hours per session, and your child will receive 1 credit for laboratory participation per hour participate 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 your 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 the effects of attention on visual perception and perceptual learning.

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 de-identifying the stored data and electronically deleting identifying information. Information not containing identifiers may be used in future research or shared with other researchers without your 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, suite, or proceeding, even if there is a court subpoena.

Exceptions include:

- A federal, state, or local law that requires disclosure.
- Your explicit approval for the researchers to release your name and/or personally identifiable information.
If there is anything about the study or your participation that is unclear or that you do not understand, if you have questions or wish to report a research-related problem, you may contact the principal investigator, Marisa Carrasco, at (212) 998-3894, marisa.carrasco@nyu.edu, 1 Washington Square Village.

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