

Department of Psychology

Participant Number:

Consent Form

Infant Gesture Development

Name:

Age:

Email Address:

Thank you for taking part in our developmental research study. Please read the following information and sign below to indicate that you consent for you and your child to take part in the study.

I have been given a written explanation of the study. It includes sufficient
details about the study and I have been given the opportunity to ask
questions.

I have been informed by Miranda Sidman that the purpose of this study is to
explore gesture development.

I am aware that this procedure will involve my son/daughter's participation in
gesture games, and acknowledge this requires him/her to complete a task

I understand that my child will be recorded on video, so that his or her responses
can be scored and that the recordings and our information will be kept strictly
confidential.

I understand the video recordings data scored from the videos will be used
for research purposes only.

I understand that the gesture task and our participation in the study will take place
in our home.

I am aware that the risk of discomfort for my child is minimal, as the study will take place in our home and is not different from something they would normally come across in our home environment.

I understand that I will be with my child at all times and can withdraw within three weeks of participation without having to offer a reason or any adverse consequences.

I have read and understood the above information and agree that my child can take part in the child Research as described. I have had sufficient time to think about the study and to decide, without pressure, if I want to take part.

Name of Child..... Name of parent (please print).....

Signature of parent..... Date.....

Signature of researcher..... Date.....

If you would like to take part in any research with your child, at Lancaster university, please tick the box to indicate that you are happy for us to keep your details so that you can be contacted at a later date. (Details may be kept for a period not exceeding five years and will be used only for the purpose stated)

Department of Psychology

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Consent Form

Parent Knowledge Questionnaire

Name:

Age:

Email Address:

Thank you for taking part in our developmental research study. Please read the following information and sign below to indicate that you consent for you and your child to take part in the study.

I have been given a written explanation of the study. It includes sufficient
details about the study and I have been given the opportunity to ask
questions.

I have been informed by Miranda Sidman that the purpose of this study is to
explore parent knowledge of gesture development.

I am aware this study requires me to complete a questionnaire.

I am aware I have three weeks after I complete the survey to withdraw
without giving reason and without consequence.

I am aware my responses and personal information will be kept
confidential and anonymous.

I understand that I will be with my child at all times and can withdraw within
three weeks of participation without having to offer a reason or any adverse
consequences.

I have read and understood the above information and agree that my child can
take part in the child Research as described. I have had sufficient time to think

about the study and to decide, without pressure, if I want to take part.

Name of participant (please print).....

Signature of participant..... Date.....

Signature of researcher..... Date.....

If you would like to take part in any research with your child, at Lancaster university, please tick the box to indicate that you are happy for us to keep your details so that you can be contacted at a later date. (Details may be kept for a period not exceeding five years and will be used only for the purpose stated)