

CONSENT FORM

I, _____, agree to participate in the research study titled "*Cognitive Abilities*" (IRB title "Metacognitive Factors in Memory") conducted by Professor Gabriel I. Cook from the Department of Psychology at the Claremont McKenna College (909-607-0493). I understand that my participation is entirely voluntary and I can stop taking part in this study at any time if I am uncomfortable without giving any reason and without penalty. I can ask to have all of the information about me returned to me, removed from the research records, or destroyed.

The purpose of this study is to understand how human memory operates and how to improve it. I realize that the tasks I will complete are not designed to test my abilities or skills. These tasks cannot provide a measure of the quality of my performance. However, I will benefit from understanding how researchers devise psychological research to answer their inquiries, and I will receive course credit.

The following points have been explained to me:

1. I understand that I will participate in an experiment in which I am asked to learn one or more lists of words, pictures, or other verbal material. Later, my memory will be tested on these lists. I may also be asked to perform a puzzle task such as a word find task.
2. **No discomfort or stresses during the experiment are foreseen.**
3. **No risks are foreseen.**
4. The results of this participation will be confidential and will not be released in any individually identifiable form without my prior consent unless required by law.
5. In order to make this study a valid one, some information about my participation will be withheld until after the study. The investigator, however, will answer any further questions about the research at the end of the experiment.
6. The entire experiment will take only _____ (30) minutes to complete. Unless a different number of minutes has been written in by the investigator, 30 minutes is to be assumed.

My signature below indicates that the researchers have answered all of my questions to my satisfaction and that I consent to volunteer for this study. I have been given a copy of this form.

The researcher will answer any further questions about the research now or during the course of the project and can be reached by telephone at 909-607-0493.

Signature of Participant

Signature of Investigator

Tel: 909-607-0493

Email: MemLabCMC@gmail.com

PLEASE SIGN BOTH COPIES OF THIS FORM. KEEP ONE AND RETURN THE OTHER TO THE INVESTIGATOR.

Research at Claremont McKenna College that involves human subjects is overseen by the Institutional Review Board. Questions or problems regarding your rights as a participant should be addressed to Professor Mike O'Neill; Institutional Review Board; Claremont McKenna College; 850 Columbia Ave, Claremont, CA 91711-6400; Telephone (909) 627-8336.