

Consent Form
Multimodal Object Processing in Normal Populations

Catherine L. Reed, Ph.D. and experimenters in the Cognitive Neuroscience Lab, Department of Psychology, Claremont McKenna College, invite you to participate in a study of how we recognize various types of objects using vision, touch, and hearing. In this study, you will be asked to make perceptual judgments about stimuli occurring in the environment around you. For example, you may be asked to press a button every time you see a target stimulus appearing on a computer screen. You might also be asked to compare two objects presented on a computer screen, to recognize objects placed in your hand, or recognize the sound of an object presented over earphones.

Potential risks to you from participating in this study are minimal. There are no known physical and psychological risks associated with participating in this experiment are minimal. During this study, you will be asked to recognize, discriminate, or detect objects by vision, touch and/or hearing. All objects will be screened to be safe to feel, hear, or see. You may experience boredom or fatigue from performing the experimental task. To minimize these risks, there will be breaks between each block of trials and you may ask to take a break at any time.

Participation in this study is voluntary. For your participation you will be given 0.5 credits of Subject Pool Participation towards your psychology class requirement for each ½ hour of participation. Before agreeing to be involved, as well as during the course of the study, you are allowed to ask any questions concerning the study. You may refuse to participate before the study begins and you may discontinue at any time. There are no negative consequences for you for doing so. Experiments will either last approximately 30 min (.5 credit) or 45-60 minutes (1 credit).

The data we collect are completely confidential except as mandated by law (see below). Your name will not be connected with your responses at any time. Your data will only be used for statistical purposes. After the study is completed, the data collected from you may be published in a professional psychology journal.

Consent to Recording and Photographs

For the purpose of advancing knowledge, I consent to the taking and use of audio recordings, motion pictures, videotapes, or other pictorial representations of me appropriate for scientific, rehabilitative, or educational purposes. I understand that I shall in no way be identified by name or otherwise, and that every reasonable effort will be made to preserve my anonymity and to conceal my identity.

STATEMENT OF CONSENT AND AGREEMENT

I, _____ grant my permission to participate in the research described above and related incidental procedures. The nature and purpose of this research and the possible material or significant benefits and risks have been explained to me so that I understand them.

I am granting my participation without duress or coercion in exchange for expected benefits for me or for others. I understand that I may withdraw my consent at any time I wish without penalty or prejudice and may stop participating as soon thereafter as it is safe to do so. If I am being paid for my participation in this research, I may collect my entire fee at any time I choose to withdraw from the research.

If I am not satisfied with my participation, I will immediately inform the research director. I may also inform Mike O'Neill, the Chair of Claremont McKenna College's Institutional Review Board, an independent advisory group interested in the opinions and welfare of research participants. Mike O'Neill can be contacted by phone at (909) 607-8336, or via email, at moneill@cmc.edu. I acknowledge that no guarantee or assurance has been made as to the results of my participation.

If I want any additional information, have any questions, or have any reservations I may now mention them to the people present or write them in the space below:

All matters and issues mentioned above have been discussed to my satisfaction and agreement. My signature indicates that I have read and understood all of the above. I have asked for and received a satisfactory explanation of any language that I did not fully understand. By signing this form, I agree to participate in this study and I understand that I may withdraw at any time. I also consent to publication of any information for scientific purposes so long as my identity will not be revealed. I understand there are two exceptions to the promise of confidentiality. If information is revealed concerning suicide, homicide or child abuse and neglect, it is required by law that this be reported to the proper authorities. In addition, should any information contained in this study become the subject of a court order or lawful subpoena, Claremont McKenna College might not be able to avoid compliance with the order or subpoena. I have received a copy of the consent form.

_____ (Signature of the research participant)

_____ (Signature of the research director or the signature, printed name, and address of an authorized agent of the research director)

For further information or questions about this study contact:

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