



TEXAS A&M INTERNATIONAL UNIVERSITY

A Member of The Texas A&M University System

CONSENT TO ACT AS A RESEARCH SUBJECT FOR MINORS (UNDER 18)

_____ and Dr. _____ are conducting a study, at Texas A&M International University, to find out how bilinguals comprehend information in their two languages. Your son or daughter who may be under 18 years old might be asked to volunteer for the study. For this reason, we would like to have parental consent. By signing below, you (the parent) are submitting your written authorization for your son or daughter to participate in this study.

If you agree, your son/daughter may be asked to participate in one or more sessions, lasting approximately 1 hour each. Scheduling of these sessions will be at your son/daughter's convenience. The things that may happen at these sessions are the following:

- (1) Your son/daughter may be asked questions about his/her language background.
- (2) Your son/daughter may read sentences presented by a computer, and answer questions about them, and press a button connected to a computer in response to the type of sentence that he/she read.

The only people who will be allowed to listen or view your son/daughter's responses are the researchers involved in this project.

The experience in participating in this experiment will be educational for your son/daughter, _____, a High School student from _____ High School, and for the field of Psychology of Language. The investigators may learn more about language comprehension, which may help to understand language disorders in bilinguals and other individuals.

Participation in this research is entirely voluntary. Your son/daughter may refuse to participate or withdraw at any time for any reason without jeopardizing his/her status at school. Research records will be kept confidential to the extent provided by law.

I _____ (print name of parent or legal guardian) understand the objective and procedures of this study and all my questions have been answered. If I have any question regarding this project, I may contact Dr. Heredia at The Psychology Department, TAMIU, KL ____, (956)326-____, or Mr. _____ at _____ High School at (956)XXX-XXX

I authorize my son/daughter _____ (Name of Minor) to participate in this study.

Parent or Guardian Signature

Date

Signature of High School Official or Sponsor

Date

Signature of Investigator/Research Assistant

Date