CONSENT TO PARTICIPATE IN NON-BIOMEDICAL RESEARCH

Activity of Infants and Children in Naturalistic Settings

You have been asked to participate in a research study conducted by Rebecca Saxe (PhD) and Frederik Kamps (PhD), from the Department of Brain and Cognitive Sciences at the Massachusetts Institute of Technology (M.I.T.)

You were selected as a possible participant in this study because you are a healthy adult with child/children, with normal or corrected-to-normal vision and whose native language is English. You should read the information below and ask questions about anything you do not understand before deciding whether or not to participate.

The information below provides a summary of the research. Your participation in this research is voluntary and you can withdraw at any time.

Purpose

The purpose of this study is to assess the typical experience of infants and children. Further information about the specific hypotheses of the study will be provided at the end of the experiment.

• Study Procedures

You will be filling out short surveys on your phone over a period of several days about your child/children's activities.

• Risks & Potential Discomfort

We do not anticipate any risks or discomforts in the course of this experiment. If you experience discomfort, please inform the experimenter and the experiment will be terminated.

You should read the information below, and ask questions about anything you do not understand before deciding whether or not to participate.

□ PARTICIPATION AND WITHDRAWAL

Your participation in this study is completely voluntary and you are free to choose whether to be in it or not. If you choose to be in this study, you may subsequently withdraw from it at any time without penalty or consequences of any kind. The investigator may withdraw you from this research if circumstances arise.

□ PURPOSE OF THE STUDY

We intend to investigate the psychological development of infants and children by studying their behavior and activities in naturalistic settings, using behavioral (e.g., survey) methods.

□ PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

A series of online surveys will be sent to your phone at random intervals over a certain period of days and you will receive text notifications with a link to complete the survey on your phone each time one is due. Each survey takes 5 minutes or less to complete and involves simple multiple choice or short answer questions about your child's current activities. You will be compensated for your time. If you are not with the child when receiving the notification, you are encouraged to forward the survey link to the person who is present with the child and it will be up to that person to decide whether to fill out the survey or not.

□ POTENTIAL RISKS AND DISCOMFORTS

We do not anticipate any risks or discomforts in the course of this experiment. If you experience discomfort, please inform the experimenter and the experiment will be terminated.

□ POTENTIAL BENEFITS

We do not expect that you will experience any benefits from your participation in this study. We would be happy to talk to you after the study about the hypotheses of this experiment, and the overall lab research on developmental and social cognitive neuroscience.

□ PAYMENT FOR PARTICIPATION

You will be compensated with an Amazon gift card for your participation. The hourly rate will be roughly \$5.

□ PRIVACY AND CONFIDENTIALITY

The only people who will know that you are a research subject are members of the research team which might include outside collaborators not affiliated with MIT. No information about you, or provided by you during the research will be disclosed to others without your written permission, except: if necessary to protect your rights or welfare, or if required by law. In addition, your information may be reviewed by authorized MIT representatives to ensure compliance with MIT policies and procedures.

When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity. If photographs, videos, or audio-tape recordings of you will be used for educational purposes, your identity will be protected or disguised.

Data will be stored and encrypted on computers and backup storage devices belonging to and located in the lab (including the investigators' work computers). All participants will be assigned a code name and will not be identifiable.

□ IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Rebecca Saxe (saxe@mit.edu, 617-324-2885) or Frederik Kamps (fkamps@mit.edu, 617-324-2885).

□ EMERGENCY CARE AND COMPENSATION FOR INJURY

If you feel you have suffered an injury, which may include emotional trauma, as a result of participating in this study, please contact the person in charge of the study as soon as possible.

In the event you suffer such an injury, M.I.T. may provide itself, or arrange for the provision of, emergency transport or medical treatment, including emergency treatment and follow-up care, as needed, or reimbursement for such medical services. M.I.T. does not provide any other form of compensation for injury. In any case, neither the offer to provide medical assistance, nor the actual provision of medical services shall be considered an admission of fault or acceptance of liability. Questions regarding this policy may be directed to MIT's Insurance Office, (617) 253-2823. Your insurance carrier may be billed for the cost of emergency transport or medical treatment, if such services are determined not to be directly related to your participation in this study.

□ RIGHTS OF RESEARCH SUBJECTS

You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you feel you have been treated unfairly, or you have questions regarding your rights as a research subject, you may contact the Chairman of the Committee on the Use of Humans as Experimental Subjects, M.I.T., Room E25-143B, 77 Massachusetts Ave, Cambridge, MA 02139, phone 1-617-253 6787.

As part of your participation, we will collect certain personal information about you, including: your first name, your last name, your email, your phone number, and your time zone.

The purpose of the data collection is to understand psychological development. The information you provide will only be available to MIT. Your data will be secured through the following methods: Data will be collected online using SurveySignal and SurveyGizmo services. Data will be downloaded from these sources to be encrypted and stored on computers and backup storage devices belonging to and located in the lab. Participants will be assigned a code name as described above.

This information will be retained for an indefinite time period. You have the right to withdraw your data from the study at any time. To do so, contact Rebecca Saxe (saxe@mit.edu, 617-324-2885) or Frederik Kamps (fkamps@mit.edu, 617-324-2885). If you withdraw from the study, no new information will be collected about you or from you by the study team.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

I understand the procedures described above. My satisfaction, and I agree to participate in this study.	
Name of Subject	
Name of Legal Representative (if applicable)	
Signature of Subject	Date
Legal Representative (if applicable)	Date
SIGNATURE OF PERSON OBTAINING INFORMED CONSENT	
In my judgment the subject is voluntarily and know the legal capacity to give informed consent to particular voluntarily and know the legal capacity to give informed consent to particular voluntarily and know the legal capacity to give informed consent voluntarily and know the legal capacity to give informed consent voluntarily and know the legal capacity to give informed consent voluntarily and know the legal capacity to give informed consent to particular voluntarily and know the legal capacity to give informed consent to particular voluntarily and know the legal capacity to give informed consent to particular voluntarily and know the legal capacity to give informed consent to particular voluntarily and know the legal capacity to give informed consent to particular voluntarily and know the legal capacity to give informed consent to particular voluntarily and know the legal capacity to give informed consent voluntarily and know the legal capacity to give informed consent voluntarily and know the legal capacity to give informed consent voluntarily and know the legal capacity to give informed consent voluntarily and know the legal capacity to give informed consent voluntarily and know the legal capacity to give informed consent voluntarily and the legal capacity to give informed consent voluntarily and the legal capacity to give informed consent voluntarily and the legal capacity to give informed consent voluntarily and the legal capacity to give informed consent voluntarily and the legal capacity to give informed consent voluntarily and the legal capacity to give informed consent voluntarily and the legal capacity to give informed consent voluntarily and the legal capacity to give informed consent voluntarily and the legal capacity to give informed consent voluntarily and the legal capacity to give informed consent voluntarily and the legal capacity to give informed consent voluntarily and the legal capacity to give informed consent voluntarily and the legal capacity to give informed consent voluntarily and the	
Signature of Person Obtaining Informed Consent	Date
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