CONSENT TO PARTICIPATE IN A RESEARCH STUDY: VISUAL OBJECT & FACE PERCEPTION

INVESTIGATOR: Lynn C. Robertson, Ph.D., Department of Psychology at the University of California at Berkeley, (510) 642-6266.

PURPOSE: You are invited to participate in a research study concerning the mechanisms of visual perception. The purpose of the study is to determine how we perceive objects around us and why some individuals see the world differently, e.g., they find it difficult to recognize faces, or they perceive a more colorful world than most of us do (associating colors with objects that do not normally seem to have a particular color, such as the letters of the alphabet). You are being solicited as a possible participant in this study. Either you see faces or other objects other than normal, or you have normal visual perception.

PROCEDURES: If you decide to participate, Dr. Lynn Robertson one of her associates will test you. The tests involve no pain or discomfort and will last from 30 minutes to three hours with frequent breaks depending on the study. You will be shown patterns and asked to respond to them either by pressing a key or vocal response. Depending on the study you are in, you may be asked to return to participate in similar tests. Some standard behavioral tests will also be administered on your first visit. These include tests of visual acuity and basic mental function. You will be credited with one hour of research participation if you are a part of the Research Participation Pool or you will be paid $12.00 per hour otherwise. If you travel to the laboratory from a long distance, you will be reimbursed for travel expenses and any expenses incurred due to participation in the study (e.g. meals, accommodations).

RISKS: There are no physical risks involved in this study. You may become somewhat bored with the procedure, but there are no foreseeable mental risks either.

BENEFITS: The results of this study will not help you directly. However, your participation may uncover information that will be useful in the future in understanding of normal as well as abnormal visual perception.

CONFIDENTIALITY: The scientific information obtained from these experiments may be published in scientific papers, but your name will not appear in any public documents.
RIGHT TO REFUSE OR WITHDRAW: Please understand that your participation in the research is voluntary and that you are free to withdraw your consent and discontinue participation in the research at any time. However, if part of the Research Participation Pool, you will not receive the one-hour credit if you do not complete the study. But note that if you participate throughout the study, you may refuse to answer any question(s) that might make you feel uncomfortable and still receive full credit.

QUESTIONS: If you have any questions or would like additional information about the study, please ask us. If you have additional questions after leaving the laboratory, Dr. Lynn Robertson or one of her associates will be happy to answer them. They can be contacted at the Psychology Department, University of California, Berkeley (510) 642-6266. Your signature below will indicate that you have decided to volunteer as a research subject and that you have read the information provided above.

I have read this form and agree to take part in the research. I have discussed this information with the subject.

(Signature of Participant/Date) (Signature of Investigator)

If you have any questions about your rights or treatment as a participant in this research project, please contact the University of California at Berkeley's Committee for the Protection of Human Subjects at (510) 642-7461 or email subjects@uclink4.berkeley.edu.
Parental Permission to Participate in a Research Study: Visual Object & Face Perception

INVESTIGATOR: Lynn C. Robertson, Ph.D., Department of Psychology at the University of California at Berkeley, (510) 642-6266.

PURPOSE: Your child is invited to participate in a research study concerning the mechanisms of visual perception. The purpose of the study is to determine how we perceive objects around us and why some individuals see the world differently. For instance, do they find it difficult to recognize faces, or do they perceive a more colorful world than most of us do (associating colors with objects that do not normally seem to have a particular color, such as the letters of the alphabet)? Your child is being solicited as a possible participant in this study. Either he or she sees faces or other objects other than normal, or he or she has normal visual perception.

PROCEDURES: If you allow your child to participate, Dr. Lynn Robertson or one of her associates will test him or her. The tests involve no pain or discomfort and will last from 30 minutes to three hours with frequent breaks depending on the study. Your child will be shown patterns and asked to respond to them either by pressing a key or giving a vocal response. Depending on the study your child is in, he or she may be asked to return to participate in similar tests for one or two additional visits. Some standard behavioral tests will also be administered on your child's first visit. These include tests of visual acuity and basic mental function. You will be $12.00 per hour for your child's participation in the project. If you and your child travel to the laboratory from a long distance, you will be reimbursed for travel expenses and any expenses incurred due to participation in the study (e.g. meals, accommodations).

RISKS: There are no physical risks involved in this study. You may become somewhat bored with the procedure, but there are no foreseeable mental risks either. As a key will be kept, linking your identity to the data collected from you or your child, there exists a potential risk of loss of privacy due to an unexpected breach in confidentiality.

BENEFITS: The results of this study will not help your child directly. However, your child's participation may uncover information that will be useful in the future in understanding of normal as well as abnormal visual perception.

CONFIDENTIALITY: The scientific information obtained from these experiments may be published in scientific papers, but neither your name, nor your child's name will appear in any public documents. The information collected from you will be coded to ensure your confidentiality. A list linking the code number to your name will be kept in a locked filing cabinet. Only particular members of the lead investigator's lab will have access to this list. All information collected during
the research will be kept either in a locked file and/or on a secured computer. This scientific information obtained from these experiments may be published in scientific papers, but your name will not appear in any public documents.

RIGHT TO REFUSE OR WITHDRAW: Please understand that your child’s participation in the research is voluntary and that you or your child are free to withdraw consent and discontinue participation in the research at any time. But note that if your child participates throughout the study, he or she may refuse to answer any question(s) that might make them feel uncomfortable.

QUESTIONS: If you have any questions or would like additional information about the study, please ask us. If you have additional questions after leaving the laboratory, Dr. Lynn Robertson or one of her associates will be happy to answer them. They can be contacted at the Psychology Department, University of California, Berkeley (510) 642-6266. Your signature below will indicate that you have given permission for your child to volunteer as a research subject and that you have read the information provided above.

Please list below the name(s) of your child(ren) that you are giving permission to participate in this study.

________________________________________________________________________

________________________________________________________________________

I have read this form and agree to take part in the research. I have discussed this information with the subject.

(Signature of Participant/Date) (Signature of Investigator)

If you have any questions about your rights or treatment as a participant in this research project, please contact the University of California at Berkeley’s Committee for the Protection of Human Subjects at (510) 642-7461 or email subjects@berkeley.edu.
Assent Form
Visual Object and Face Perception

Subject______________________________

Researchers at the University of California hope to learn how fast children can see pictures of faces and other shapes and how well they can tell the differences between them so that they can understand kids who sometimes have problems seeing these things. I will look at many pictures and tell the researchers (Dr. Robertson and the people who work with her) what I see or whether I have seen them before. I will then sit in front of a computer and look at pictures that I see on the screen. I will be told to look for certain things in the picture (for example, a certain shape or a color) and to press the mouse key of the computer if I see them. When the picture comes up, I will press a button to say whether the picture is the thing the researchers told me to look for. The computer will measure how fast I am and whether I chose the correct answer. This will take 20-30 minutes (or up to 45 minutes if I am 15 year old or older), but I will get some breaks. I understand that I have to pay attention and try my best. I also understand that I do not have to answer any questions that I do not want to answer.

Some kids sometimes get a little nervous or think it is hard. I understand that my parents or another adult I know can be in the room with me if I want them to and that I can stop being in the study at any time by just saying "stop". If I have any questions, I can ask Dr. Robertson or any of the people who work with her. I understand what I am asked to do and I want to be in the study.

I have read this form and discussed it with my parents and I agree to take part in the research.

______________________________ Date_____________________
Child’s Signature

______________________________ Date_____________________
Investigator’s Signature