*This sample is for researchers to use as a guide in developing their study materials. Instructions to the researchers are written* *in* ***[square brackets in bold italics]*** *and should be deleted. Instructions that are* *in* ***[square brackets, bold italics, and are blue]*** *need to be replaced with details specific to the study and changed to* black, un-bolded, un-italicized*, and removed from square brackets before uploading the material to the research ethics application.****Please also delete this instructional paragraph.***

**\*\*Please review the Guide to Creating an Information Letter and Consent Form for additional details\*\***

**Study Title: *[insert title]***

**Principal Investigator (or Faculty Supervisor): *[insert name, department, phone, University of Waterloo email address]***

**Student Researcher(s): *[insert names, department, University of Waterloo email address]***

Dear Parents:

This letter explains what the study is about, possible risks and benefits, and your rights as a research participant. You may print/save a copy for your records. If you do not understand something in the letter, please ask one of the investigators before consenting to participate.

We are writing to ask your permission for your child to participate in a University of Waterloo research project being conducted by members of the Department of ***[insert Department name].*** We are interested in learning more about how children learn about numbers before they go to school. For reasons given below, our study focuses on children aged between 4 and 5 years (48 to 60 months).

1. Our Numerical Estimation & Comparison study will be conducted at your child’s day care, over the next two months. The student researcher ***[insert name of student researcher]*** will oversee the study at your child’s day care. Your child will be accompanied by their day care teacher and if your child prefers their teacher may remain with them throughout the session. To obtain a precise picture of each child’s knowledge, the questions in some of our tasks will need to be repeated multiple times. To avoid boring children by asking them the same questions over and over, we would like to spread our tasks over two 10- to 15-minute sessions. Thus, your child would participate in the study on two separate occasions. Ideally, the two sessions will be no more than a week apart.

## **What the study involves**

This study explores two fundamental aspects of children’s budding mathematical abilities: (1) the ability to estimate the number of objects in a set without counting; and (2) the ability to compare pairs of numbers (e.g., 6 and 8) and determine which of the two numbers is the largest. Our precise interest lies in determining whether children acquire these abilities before or after they learn how to use verbal counting to determine the number of objects in a set.

The study involves four tasks. In the first task we will present your child with sets of squares on a monitor. The sets will flash rapidly, and your child will be asked to guess how many they saw. In the second, your child will be introduced to pairs of familiar animal dolls such as Big Bird and Cookie Monster. Each character will tell your child that it has a particular number of toys. For example, Big Bird will say that he has 8 cars to play with and Cookie Monster will say that he has 6 cars to play with. Your child will be asked to say who has the largest number of toys. Your child will also play two short counting games. They will be given a bowl of plastic animals and asked to take from 1 to 6 animals out of the bowl. Then, your child will be asked to count a row of 10 toys. The researcher will praise your child throughout the study for their participation, regardless of how they answer.

## **Participation in this study is voluntary**

Participation in the study is voluntary. You or your child can choose to end participation at any time without penalty by indicating this decision to the researchers. Information on how each child completes the tasks is considered confidential and individual children’s results will not be shared with day care staff. Upon completion of the study, a summary of the results of our study will be provided to the day care and will be made available to you. As a thank you for your child’s participation, your child’s day care will receive a gift (e.g., books, toys). If you wish to withdraw your child from the study after participating, please contact the researchers.

You can request your child’s data be removed from the study up until ***[insert date]*** as it is not possible to withdraw your data once papers and publications have been submitted to publishers.

## **Videotaping the sessions**

1. For the numerical comparisons task, a central question concerns how long it takes for children to choose which character has more objects. Reaction time is a powerful measure because it allows us to determine the relative difficulty of different comparisons. We will measure children’s reaction time by looking at how long it takes until they touch the character with more objects. Obtaining this measure requires that we video record the participants. We would be grateful if you could give us permission to video record your child’s sessions. All we really need to see are your child’s hands and the characters. We would be recording from your child’s side to reveal as little of their identity as possible.
2. On the permission form attached to this letter, you will see two separate sections concerning video recording. One asks for your permission to let us video record your child’s sessions. The other asks for your permission to allow us to present excerpts of the video in professional scientific presentations. If you are willing to let us video record your child’s sessions, please sign this section in the consent form. If you are willing to give us permission to present excerpts of your child’s session, please sign the relevant section. You can give us permission to video record your child without giving us permission to present excerpts in presentations.If you choose that option, the video will only be seen by the research team associated with this study. If you agree to let us video record your child, you reserve the right to ask us for the recording and to request that all or any portion of this recording be erased.

## **All collected data will remain confidential**

Any information collected for this study will be confidential and published reports will not mention individual children or the name of the day care. Your child's information will be identified by a code number rather than a name. Your child’s name will not appear in any thesis or reports resulting from this study. Only members of the research team working on this project will have access to the recordings of children's responses. We will store all information securely for at least ***[insert time period]*** years.

***[If data may be shared in an online repository, please see the ICL guide for details about what information and language to include]****.*

## **Returning the permission form**

Please complete the attached permission form, *whether or not you agree to have your child participate in this study* and **return it to the day care by *[insert date]****.* We have provided two copies of the consent form so you can keep one for your records. Only children who have parental permission, and who themselves agree to participate, will be involved in the study. There are no known or anticipated risks to participation.

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Board (REB ***[####] [Replace#### with the file number that is listed at the top of your ethics application]***). If you have questions for the Board, contact the Office of Research Ethics, toll-free at 1-833-643-2379 (Canada and USA), 1-519-888-4440, or [reb@uwaterloo.ca](mailto:reb@uwaterloo.ca).

For all other questions or if you would like additional information to assist you in reaching a decision, please call or write the researchers listed below

Thank you for your interest,

***[Insert Faculty Supervisor name],*** ***[insert department]***; ***[insert phone number with extension] [insert University of Waterloo email address]***

***[Insert Student Researcher name(s)],*** ***[insert department]***; ***[insert University of Waterloo email address]***

***[Please check that all relevant study details are included, changes are made to the document to accurately describe the study and procedures, and delete the instructional text printed in bold italics before submitting to the Office of Research Ethics for review.]***

# **Consent Form – PLEASE RETURN THIS FORM TO YOUR CHILD’S DAYCARE BY *[insert date]***

I have read the information letter concerning the research project entitled ***[insert study title]*** to be conducted by ***[insert name of Faculty Supervisor]*** and ***[insert name of Student Researcher]*** of the Department of ***[insert department]*** at the University of Waterloo.

I have had the opportunity to ask any questions and receive any additional details I wanted about the study.

I acknowledge that all information gathered on this project will be used for research purposes only and will be considered confidential. I am aware that my permission or that of my child may be withdrawn by advising the researchers.

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Board (REB ***[####] [Replace#### with the file number that is listed at the top of your ethics application]***). If you have questions for the Board, contact the Office of Research Ethics, toll-free at 1-833-643-2379 (Canada and USA), 1-519-888-4440, or [reb@uwaterloo.ca](mailto:reb@uwaterloo.ca).

For all other questions contact ***[insert researcher name and contact information]****.*

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child's Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Permission for participation**

Permission Decision: \_\_\_\_Yes - I would like my child to participate in this study.

\_\_\_\_ No - I would not like my child to participate in this study.

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Permission to film sessions.**
2. **Video Recording.** I agree to have my child’s session be video recorded. I understand that no portions of the video recording will be used in presentations unless I give explicit permission as noted below.

\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_NO

1. **Use of excerpts.** I agree to let excerpts of the video recording of my child’s sessions be used as support material for academic presentations. I understand that my child’s sessions will not be presented in any non-academic setting.

\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_NO

If you agree to let us video record your child, you reserve the right to ask us for the recording and to request that all or any portion of this recording be erased.

Signature of Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Study Title: *[insert study title]*** **– Consent form:** **COPY FOR YOUR RECORDS (Does not need to be returned)**

I have read the information letter concerning the research project entitled ***[insert study title]*** to be conducted by ***[insert name of Faculty Supervisor]*** and ***[insert name of Student Researcher]*** of the Department of ***[insert department]*** at the University of Waterloo.

I have had the opportunity to ask any questions and receive any additional details I wanted about the study.

I acknowledge that all information gathered on this project will be used for research purposes only and will be considered confidential. I am aware that my permission or that of my child may be withdrawn at any time without penalty by advising the researchers.

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Board (REB ***[####] [Replace#### with the file number that is listed at the top of your ethics application]***). If you have questions for the Board, contact the Office of Research Ethics, toll-free at 1-833-643-2379 (Canada and USA), 1-519-888-4440, or [reb@uwaterloo.ca](mailto:reb@uwaterloo.ca).

For all other questions contact *[insert researcher’s name and contact information].*

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Permission for participation**

Permission Decision: \_\_\_\_ Yes - I would like my child to participate in this study.

\_\_\_\_ No - I would not like my child to participate in this study.

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Permission to video record sessions.**
2. **Video Recording.** I agree to have my child’s session video recorded. I understand that no portions of the video recording will be used in presentations unless I give explicit permission as noted below.

\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_NO

1. **Use of excerpts.** I agree to let members of the Cognitive Development Laboratory at the University of Waterloo use excerpts of the video of my child’s sessions as support material for academic presentations. I understand that my child’s sessions will not be presented in any non-academic setting.

\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_NO

If you agree to let us video recording your child, you reserve the right to ask us for the recording and to request that all or any portion of this recording be erased.

Signature of Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[Please check that all relevant study details are included, changes are made to the document to accurately describe the study and procedures, and delete the instructional text printed in bold italics before submitting to the Office of Research Ethics for review.]***