

APPENDIX III
SAMPLE PARTICIPATION REQUEST AND CONSENT FORM #1

Dear Parent(s),

I am a _____ student in the _____ at Brandeis University working under the guidance of _____. I am writing to tell you about a research project, which I will be conducting at the Lemberg Children's Center that has been approved by Howard Baker and to ask for your written consent to have your child participate in this project. The dates that I may do interviews for my research will be _____.

(Goals of your research)

My research will examine children's ability to discriminate among adults on the basis of their physical appearance, as well as children's assumptions about the behavior of individuals who vary in physical appearance (for example, hair color, height, or weight). This research follows up on an earlier study I did for my Master's degree, which examined college students' ability to discriminate among individuals on the basis of their appearance and their tendency to attribute behavioral qualities on the basis of a person's appearance. I want to extend my earlier work to young children as I feel it is very important to understand the developmental sequence of a person's to accurately perceive emotions and expressions.

(How parents can reach you and where to download detailed information about the study).

The details of my study including a detailed description of the experimental procedure and questions to be asked are available in the Lemberg office and can be downloaded as a PDF from the Parents home page of the Lemberg website. If you have any questions, comments, or criticisms, I will be happy to speak with you at your convenience. You may email me at _____@brandeis.edu. Please complete the attached consent form even if you do not wish to have your child participate and return it to envelope on the bulletin board in the lobby.

Thank you for your consideration.

Sincerely,

Your name and Contact information

-----Please detach-----

Consent Form

I have read a description of the research project being conducted by _____ (name) _____, on _____ (date) _____ at the Lemberg Children's Center and

___ **I GRANT PERMISSION** for my child to participate if s/he indicates a willingness to do so and may end his/her participation at any time during the study. In addition, I understand that anonymity and confidentiality are assured.

___ **I do not wish my child to participate in this study.**

Name of Child(ren): _____ Date: _____

Name of Parent: _____ Signature _____