

Title of research study: Device-DS as a window into mechanisms of speech production: An investigation of adults and children

Investigator: Michelle Cohn, Ph.D.

Why am I being invited to take part in a research study?

We invite your child to take part in this research because we are studying how adults and children engage with digital assistants.

What are my rights as a research subject?

(Experimental Subject's Bill of Rights)

- Someone will explain this research study to you, including:
 - The nature and purpose of the research study.
 - The procedures to be followed.
 - Any common or important discomforts and risks.
 - Any benefits you might expect.
- Whether or not you take part is up to you.
- You can choose without force, fraud, deceit, duress, coercion, or undue influence.
- You can choose not to take part.
- You can agree to take part now and later change your mind.
- Whatever you decide it will not be held against you.
- You can ask all the questions you want before you decide.
- If you agree to take part, you will be given a signed and dated copy of this document.
- If you agree to take part, you will be given a copy of this document.

How is this research funded?

This research is being funded by the National Science Foundation (NSF), also called the sponsor. Sponsors may change or be added.

Who can I talk to?

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the **Principal Investigator, Dr. Michelle Cohn. Phone: 310-800-0501; Office: 469 Kerr Hall, University of California, Davis.**

This research has been reviewed by an Institutional Review Board (IRB). Information to help you understand research is on-line at <https://research.ucdavis.edu/policiescompliance/irb-admin>. You may talk to a IRB staff member at (916) 703-9151, hs-irbadmin@ucdavis.edu, or 2921 Stockton Blvd, Suite 1400, Room 1429, Sacramento, CA 95817 for any of the following:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.

Do not write below this line. For IRB stamp and version date only.

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- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get information or provide input about this research.

Why is this research being done?

This research study is about how talking to digital device impacts human speech patterns. The objective of this study is to test whether children and adults have different strategies in the way they produce and perceive speech in human-device interaction.

How long will the research last?

We expect that you will be in this research study for fifteen (15) minutes.

How many people will be studied?

We expect about 500 adults and children will participate in this research study.

What happens if I say yes, I want my child to be in this research?

If you choose to have your child participate in the study, your child will hear speech produced by human and digital device voices and they may be asked to respond via button press, mouse click, keyboard entry, or by voice. Some of these tasks will be administered on a computer and others will be interactive games with the experimenter. For example, your child may be asked to participate in a “game” where they help an experimenter or digital device learn something new, such as the location of an item on a map. The study will take place in a quiet room or sound attenuated booth and your child may be asked to wear headphones and/or a head-mounted microphone. Your child may be asked questions about their conception of digital devices. You may also be asked to complete surveys with basic demographic information about your child. Your child will not be identified by name in these recordings. If your child chooses to participate, they will be compensated with a small toy from a prize box.

What happens if I or my child do not want to be in this research?

Your child may decide not to take part in the research and it will not be held against them or you.

What happens if my child says yes, but I changes their mind later?

Your child can leave the research at any time and it will not be held against you or your child. Your child can choose whether or not to be in this study. If your child consents to be in this study, your child may withdraw at any time without consequences of any kind. Your child may also refuse to answer any questions or participate in any procedure for any reason.

What happens to the information collected for the research?

Efforts will be made to limit use or disclosure of your child’s personal information, including research study to people who have a need to review this information. We cannot promise complete confidentiality. Organizations that may inspect and copy your information include the IRB and other University of California representatives responsible for the management or oversight of this study.

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What else do I need to know?

With your permission, with your permission, samples of the recorded data may be used for future research. Participants' identities will never be associated with this data. Signing this form will indicate that you authorize that your data may be used in this manner.

Are there other research opportunities?

If you are interested in being contacted for future research, please provide your phone number and/or email. This is completely optional.

_____(initials) Yes, I am willing to be contacted for future research opportunities.

My phone number and/or email is: _____

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Permission to Take Part in a Human Research Study

Signature Block for Children

Your signature documents your permission for the named child to take part in this research.

Printed name of child

Signature of parent or individual legally authorized to consent to the child's general medical care

Date

- Parent
- Individual legally authorized to consent to the child's general medical care (See note below)

Printed name of parent or individual legally authorized to consent to the child's general medical care

Note: Investigators are to ensure that individuals who are not parents can demonstrate their legal authority to consent to the child's general medical care. Contact legal counsel if any questions arise.

Signature of parent

Date

Printed name of parent

- Assent
- Obtained
 - Not obtained because the capability of the child is so limited that the child cannot reasonably be consulted.
 - Waived by the IRB because the intervention or procedure involved in the research holds out a prospect of

Signature of person obtaining consent and assent

Date

Printed name of person obtaining consent

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