Consent for Child's Participation in a Research Study

Can Robots Think?

Principal investigators:
Henry Wellman, Ph.D, University of Michigan
Kimberly Brink, Ph.D. Student, University of Michigan

Invitation to participate in a study
We invite your child to participate in a study that explores what children think about robots.

Description of the study procedure
The study lasts ten minutes. If you agree to let your child participate, your child will watch 2 video clips of 2 different robots. After viewing each video, children will be asked a series of questions to determine how they feel about the robot and whether they believe the robot is able to make decisions or experience internal sensations like hunger or pain. For instance, children will be asked, “Can this robot think for itself?” Parents will be asked to fill out a brief questionnaire about their child’s familiarity with robots and other forms of smart technology.

Audio Recording
We hope to make a audio recording of your child's interview. However, your child can participate in the study if you do not wish him/her to be recorded. The recording will not contain any identifying information about your child, and it will be stored in a locked and secure location. At the end of this form, you will be able to choose whether you want the interview to be audio recorded.

Benefits
There are no direct benefits to participants, but children often enjoy doing these tasks and sharing their ideas. Further, others may benefit from this study because this research explores how children think about smart technology, and the findings may inform how robots for use with children are designed.

Thank-you gift
Your child will receive a small gift as an expression of our thanks.

Risks and discomforts
The risks associated with this study are no more than those experienced on a daily basis. The researchers have taken steps to minimize the risks of this study. However, if your child feels bored or worries that there are right and wrong answers, the researcher will stop the study. Also, if at any time your child indicates he/she is unwilling to participate, we will stop the session. And you can stop your child’s participation at any point.

Confidentiality
When we publish the results of this study, we will not include information that identifies you or your child. There are reasons why people other than the researchers may ask to see information you and your child provided as part of the study. This includes the University of Michigan, which is responsible for making sure the research is done safely and properly. To keep your information safe, the researchers will store consent forms separately from data in a secure location. The data provided during the experiment will be assigned a ID number that will be not be stored with your identity or name. Links between names and ID numbers will be destroyed after data collection is complete, to further protect confidentiality.

Storage and future use of data
The paper and video data will be stored in a locked and secure location at the University of Michigan's Department of Psychology. The researchers will retain an electronic copy of the data indefinitely, but paper copies of data will be destroyed after 5 years. We may store and use the data from this study for future research at the University of Michigan. We might share that data with other researchers outside the University. However, we will not share your name or other information that could identify you or your child.

**Voluntary nature of the study**

Participating in this study is voluntary. Even if you decide to participate now, you may change your mind and stop at any time. If your child decides to withdraw, his/her data will not be retained or saved digitally.

**Contact information**

If you have questions about this research, you may contact the principal investigators, Kimberly Brink (kabrink@umich.edu) and Dr. Henry Wellman (hmw@umich.edu). Mail can be sent: 530 Church St., Department of Psychology, Ann Arbor MI 48109. If you have questions about your rights as a research participant, or wish to discuss any concerns about this study with someone other than the researcher(s), please contact the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board (IRB-HSBS), 2800 Plymouth Rd., Building 520, Room 1169, Ann Arbor, MI 48109-2800, (734) 936-0933 [or toll free, (866) 936-0933], Fax: 734-936-1852, irbhsbs@umich.edu.

**Parental Permission**

By signing this document, you indicate that you are aware of information above, that you are agreeing to allow your child to be part of this study. You will be given a copy of this document for your records, and one copy will be kept with the study records. Be sure that the questions you have asked about the study have been answered and that you understand what your child will be asked to do. You may contact the researcher if you think of a question later.

______________________________  ________________________________  __________
Print Parent Name                Signature of Parent                Date

______________________________  ________________________________
Print Child Name                 Child DOB (MM/DD/YY)               M F
Child Gender (circle)

Please place your initials next to the following if you agree.

_________ I allow my child's interview to be audiotaped for data collection purposes

initials