

Informed Consent Form
IB Psychology Experiments

I give my consent to participate in the IB Psychology experiment about _____ run by

on (insert date) _____.

I have been informed about the nature of the experiment. I understand that my participation is voluntary. I may withdraw from the study at any time and request that my data not be used in the experimental results. I have the right to a debriefing about the general results of the study and I may obtain my individual results upon request. I give my consent knowing that all aspects of my participation will remain confidential and that I will not be subjected to any harm or deception.

I understand that the experiment has potential benefits. The aim of all IB Psychology experiments is to improve cognitive processing skills in areas such as memory, perception, problem-solving, and attention.

Student Name

Date

Parent Consent Form IB Psychology Experiments

Dear parents,

Students are required to run an experiment as part of the IB psychology course. If your child gives you this form, he or she has expressed interest in participating in a study. Any student under the age of 16 must give their written consent and also have written consent from a parent.

Your child has expressed interest in participating in the experiment about

_____ run by

_____.

The experiment will take place on _____.

All of the experiments are related to cognitive psychology (such as memory, perception, and attention). In addition, there is a potential benefit to the student from participating, such as finding out more about the learning process.

All experiments have the approval of _____ (IB psychology teacher). Experiments have been screened for proper ethical conduct. All participants are informed of the nature of the study and participation is voluntary. Participants may withdraw from the study at any time and request that their data not be used. Participants have the right to a debriefing about the general results of the study and upon request, their personal results. All participants give consent knowing that the IB psychology experiment contains no deception or harm. In addition, all aspects of the study remain confidential (no one is identified by name, everyone is assigned a number).

I give permission for my child _____ to participate in this study.

Parent Name (print)

Date

Parent Signature

Thank you for your help. If you have questions, please email me.

