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**TWIN LA - CONSENT FORM  
FOR IN-PERSON TESTING**

We request your continuing help in our behavioral research project. We would like you and your children to come to the Institute for Behavioral Genetics for 4 hours at your convenience for a testing session similar to the ones we conducted over the telephone during the last few years. This session will focus on psychological development, including mental abilities, personality, attitudes and interests. A few of the interview items are personal and confidential. We would also like to ask you some questions about how you perceive your children to be developing. We do not foresee any significant risks nor benefits to you associated with participation. However, we will reimburse you for your travel expenses (at \$.28 per mile plus \$5.00 lunch per person) and provide payment of \$40 in appreciation of each child's participation.

Please remember that the results of these tests, like those your family members have completed previously, will be kept completely confidential indefinitely in locked files at the Institute for Behavioral Genetics where researchers will continue to analyze these data. The exception to the promise of confidentiality is that if information is revealed concerning suicide, homicide, or child abuse and neglect, we will report this to the proper authorities.

During our testing, we will be happy to answer any questions that you may have, and, of course, you and your children may feel free not to answer any particular question or to withdraw from the project at any time for any reason.

This project is being funded by a federal agency which requires that data be collected in a form that may be analyzed for differences between men and women and races or ethnic groups.

If you have questions regarding your rights as a subject, any concerns regarding this project or any dissatisfaction with any aspect of this study, you may report them—confidentially, if you wish—to the Executive Secretary, Human Research Committee, Graduate School, Campus Box 26, Regent 308, University of Colorado-Boulder, Boulder, CO 80309-0026 or by telephone to (303) 492-7401. Copies of the University of Colorado Assurance of Compliance to the federal government regarding human subject research are available upon request from the Graduate School address listed above.

If, after understanding the above, you and your children give permission for participation in the test sessions by you and your children, please sign below. A signed copy of the consent form will be made available in a timely manner.

I, the undersigned, have understood the above explanations, and give consent to participate in the research.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

For HRC Use Only This consent form is approved for use from <u>4/7/06</u> to <u>4/6/07</u> <u>E. E. Lyons</u> HRC Coordinator, Human Research Committee (Signature)
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