

Parental questionnaire

Dear Parent:

If you would like your child or children to participate in our studies please complete the form below and return it to our lab in the included envelope or as an e-mail attachment. If you would like to learn more about our studies before completing the form below, please contact Lilia Rissman at 410-516-8295 or [rissman@cogsci.jhu.edu](mailto:rissman@cogsci.jhu.edu).

Thank you,

The Johns Hopkins University Language Acquisition Laboratories

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Parent's name: \_\_\_\_\_

How do you prefer to be contacted?      Phone      or      E-mail

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If you prefer to be contacted by telephone, when is a good time to call?

\_\_\_\_\_

How did you hear about our lab?

\_\_\_\_\_

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