

# The University of Kansas

Schiefelbusch Institute for Life Span Studies

March 12, 2010

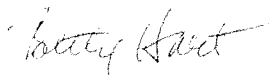
Dr. Brian MacWhinney  
Department of Psychology  
Carnegie Mellon University  
Pittsburgh, PA 15213-3890

Dear Dr. MacWhinney:

I am now within sight of finishing removing all the identifying information from the recorded interactions of the 42 typically developing children, plus 3 who did not complete the study. This part of the Kansas Corpus is around 40 MB. I still have to do the data on the ambient conversations and from the children with Down Syndrome. But since I know that you want to get a grant to support making the Corpus available in CHILDES, I would like to contribute this part of the Corpus as soon as I finish it and contribute the rest later on.

Because I do not have e-mail, I would appreciate a response via letter or phone (785 864-0724). I enclose a sample from the data so you can see how the data were entered on the files; I haven't changed any of that. Also enclosed is a copy of the Research Consent form each parent signed.

Sincerely,



Betty Hart

9 mos: Home: 10:30 am: M. C. 03C. 02C. 01C. 0A (granafather)  
In the living room C is on M's lap getting her hair combed  
2 RC.33.C/G  
4 C1.15//  
6 P2.50.90.95.60/WELL I LL BE THROUGH IN A MINUTE/MFVFFFN  
8 P3.56.60.84/YOU BAD/FM  
10 C.31//  
12 IA.33.P/S  
14 P1.51/NOW/M  
16 C.31//  
18 IA.33.P/S  
C aets the phone; M takes it  
20 P1.20.56.60/YOU HAFTA HANG UP THAT PHONE GIRL/FVFFFN  
22 C.31//  
30 IA.33.P/S  
32 P1.56.61/TURN AROUND HERE/VFF  
34 P3.56.61/LOOK/V  
36 C2.11//  
38 P.31//  
52 IA.33.P/S  
54 C1.11//  
56 P2.56.60/YOU BETTER OUIT TEARING UP YOUR GRANDMAS PHONE/FVVFFFN  
58 C.31//  
62 IA.33.P/S  
64 P1.56.61.84/OUIT/V  
66 C.31//  
72 IA.33.P/S  
74 C1.11//  
C pulls the phone onto the floor  
76 P2.50.90.95.60.85/I MA TELL YOUR GRANDMA ON YOU VIRNA/FVVFNFFP  
78 P3.25.56.63/HOW YOU DO THAT/FFVF  
80 C.31//  
82 IA.33.P/S  
84 P1.19.56.61.85/PUT THAT PHONE DOWN VIRNA/VFNFP  
M offers a tov  
86 P3.51.85/VIRNA/P  
88 P3.51.71.85/VIRNA/P  
90 C2.11//  
92 P2.56.64.85/YOU HEAR ME VIRNA/FVFP  
94 C.31//  
96 IA.33.P/S  
98 C1.11//  
100 P2.56.61/COME HERE/VF  
102 P3.51.85/VIRNA/P  
104 P3.56.63/WHERE YOU GOING/FFV  
106 C2.11.17//  
C reaches for an ashtrav  
108 P2.56.61/GET DOWN FROM THERE/VFFF  
110 P3.56.64/YOU HEAR ME WOMAN/FVFN  
114 C.31//  
116 IA.33.P/S  
118 P1.56.63/WHY YOU DOING THAT/FFVF  
120 C.31//  
122 IA.33.P/S  
124 P1.56.60/YOU JUST MEDDLES MEDDLES MEDDLES/FMVVV  
126 P3.51.85/VIRNA/P  
128 P3.56.61.85/VIRNA LOOK/PV  
132 P3.51.85/VIRNA/P

# JUNIPER GARDENS LANGUAGE PROJECT

BUREAU OF CHILD RESEARCH  
UNIVERSITY OF KANSAS

905 N 7th Street—Suite 1014 Kansas City, Kansas 66101  
913-371-1501

## RESEARCH CONSENT FORM

I have read and agree to the following:

1. In-Home Observations. I give permission for an observer from the Juniper Gardens Language Project to come into my home and record what I, and my child, say for a time equivalent to one hour per month for a period of five years.

I understand that the purposes of the language records are to trace developmental changes in children's talking at home and to identify activities and experiences that promote language skill.

I understand that in order to look at how my child learns new words it is necessary to record what I, and other people such as the child's brothers and sisters, say around the child, since these are likely to be sources of new words for my child.

I understand that I may ask the observer to stop recording at any time during an observation if there is conversation I do not want recorded.

I understand that the observations in my home will be made at times that are convenient for me. I agree to set up a regular schedule for the observations with the understanding that I can change the schedule, or postpone an observation, whenever necessary.

I understand that it is very important that the study of children's language development be continued over a number of years, in order to look at each child's individual learning. Therefore, I plan to take part in the Juniper Gardens Language Project for the full five years.

I understand, though, that I can stop taking part at any time.

I understand that I will be paid \$5 per hour for taking part in the observations in my home.

2. Release of Records. I give the Bureau of Child Research at the University of Kansas permission to use records of my and my child's behavior for professional presentation or publication. However, I understand that such records may be used only for educational purposes and that my and my child's names will never be used (pursuant to Principles 2.35-1, 3.22-2, and 4.32-1 of the Ethical Standards of the American Psychological Association).

With my signature I affirm that I have been given a copy of this consent form.

Child's Name \_\_\_\_\_

Parent's or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_