

## **CONSENT TO PARTICIPATE IN NON-BIOMEDICAL RESEARCH**

### **Adapting Physical Tools to Facilitate Learning of Motor Skills Study**

You are asked to participate in a research study conducted by Prof. Stefanie Mueller, Dishita Turakhia, from the the Department of Electrical Engineering and Computer Science at the Massachusetts Institute of Technology (M.I.T.). You were selected as a possible participant in this study because you are over 18 years of age and you have no professional experience playing basketball. You should read the information below, and ask questions about anything you do not understand, before deciding whether or not to participate.

#### **• PARTICIPATION AND WITHDRAWAL**

Your participation in this study is completely voluntary and you are free to choose whether to be in it or not. If you choose to be in this study, you may subsequently withdraw from it at any time without penalty or consequences of any kind. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

#### **• PURPOSE OF THE STUDY**

This study is designed to understand if principles from adaptive learning systems for learning language and math (as used in online education) can be applied to other areas of skill learning, such as motor skills with physical tools, as well.

#### **• PROCEDURES**

If you volunteer to participate in this study, we would ask you to do the following things:

First, we will ask you to practice with the setup for 30 minutes while trying to improve your performance.

After that, we will ask you to perform the task of throwing the ball 20 times while trying to hit the hoop as accurately as possible.

At the end of the study, we will ask you for your feedback on the overall experience using a questionnaire.

The total time of this experiment is expected to be less than 1 hour.

#### **• POTENTIAL RISKS AND DISCOMFORTS**

We do not anticipate any unusual risks or discomforts to you, either physical or psychological, as a result of participating in this study.

- **POTENTIAL BENEFITS**

You are not likely to benefit in any significant way from your participation in this study.

- **PAYMENT FOR PARTICIPATION**

You will receive \$20 for completing this experiment, which is expected to take no more than 1 hour. If you withdraw from the study or are withdrawn by the researcher before completion, you will receive an amount prorated by the fraction of an hour that you participated.

- **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

The information associated with your participation will be assigned a number, and the researchers will track data and notes only by this number, not by your name or other personal identifying information.

Portions of your data may appear in scientific journals or conferences and conferences proceedings, no information, such as your name or other private identifying information will be included in these public materials. Thus, your data will be used only for scientific and educational purposes, and only without your name being associated with it. At any time during or after this experiment you may request to review the data or have it destroyed. The data will be stored in a secure password-protected place until its scientific and education purposes are fulfilled, and then it will be destroyed. Please sign below to give permission for the collection of this material.

Information collected from this experiment will be stored in locked files and secure computer systems, to which only the researchers have access. The data will be stored for a minimum of three years, and then destroyed.

- **IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact Prof. Stefanie Mueller ([stefanie.mueller@mit.edu](mailto:stefanie.mueller@mit.edu), 617-715-5831, 32 Vassar St, Cambridge, MA 02139).

- **EMERGENCY CARE AND COMPENSATION FOR INJURY**

If you feel you have suffered an injury, which may include emotional trauma, as a result of participating in this study, please contact the person in charge of the study as soon as possible.

In the event you suffer such an injury, M.I.T. may provide itself, or arrange for the provision of, emergency transport or medical treatment, including emergency treatment and follow-up care, as needed, or reimbursement for such medical services. M.I.T. does not provide any other form of compensation for injury. In any case, neither the offer to provide medical assistance, nor the actual provision of medical services shall be considered an admission of fault or acceptance of liability. Questions regarding this policy may be directed to MIT's Insurance Office, (617) 253-2823. Your insurance carrier may be billed for the cost of emergency transport or medical treatment, if such services are determined not to be directly related to your participation in this study.

- **RIGHTS OF RESEARCH SUBJECTS**

You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you feel you have been treated unfairly, or you have questions regarding your rights as a research subject, you may contact the Chairman of the Committee on the Use of Humans as Experimental Subjects, M.I.T., Room E25-143B, 77 Massachusetts Ave, Cambridge, MA 02139, phone 1-617-253 6787.

<b>SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE</b>
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I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

\_\_\_\_\_  
Name of Subject

\_\_\_\_\_  
Name of Legal Representative (if applicable)

\_\_\_\_\_  
Signature of Subject or Legal Representative

\_\_\_\_\_  
Date

<b>SIGNATURE OF INVESTIGATOR</b>
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In my judgment the subject is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate in this research study.

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date