41549 – Human-Computer Interaction2024-20252ndsemester

Consent Form for Usability Test

**INTRODUCTION**

You are invited to participate in a usability testing session fora train application. Before you decide to participate, it is important that you understand why the research is being conducted and what it will involve. Please take time to read the following information carefully.

**PURPOSE OF THE STUDY**

The purpose of this study is to evaluate the usability of [describe the interface/system being tested] and to identify potential areas for improvement. This research is being conducted as part of a class project for the Human Computer Interaction course.

**PROCEDURES**

If you agree to participate in this study, you will be asked to:

Complete a brief questionnaire about your background and experience

Perform a set of specific tasks usingthe application

Think aloud while completing these tasks

Fill a brief post-task questionnaire regarding the use of the tested system

Participate in a short post-test interview about your experience

The entire session will take approximately15 minutesto complete.

**RISKS AND BENEFITS**

Risks: There are no foreseeable risks involved in participating in this study beyond those encountered in everyday use of computers/digital devices.

Benefits: While there is no direct benefit to you, your feedback will help improve the design and usability of the system and contribute to the educational objectives of this course.

**COMPENSATION**

No compensation will be provided for your participation in this study.

**CONFIDENTIALITY AND DATA PROTECTION**

In compliance with the General Data Protection Regulation (GDPR), we would like to inform you of the following:

**Data Controller:**The faculty for the Human Computer Interaction course is the data controller for the personal data collected in this study.

**Types of Data Collected:**

[List specific data types, e.g., demographic information, task performance metrics, audio recordings, screen recordings, etc.]

**Purpose of Data Collection:**The data collected will be used solely for the purposes of this class project to analyze usability issues and suggest improvements to the tested system.

**Data Storage and Security:**All data will be stored securely [describe how: encrypted, password-protected, etc.] and will only be accessible to the student researchers and course instructor.

**Data Retention Period:**The data will be retained until [specify date or event, e.g., "the end of the current academic semester"] after which it will be securely deleted.

**Anonymization:**All identifying information will be removed from the final reports. Your responses will be assigned a participant number, and any quotes used in reports will not be attributed to you by name.

**Your Rights:**You have the right to:

Access the data we hold about you

Request rectification or erasure of your data

Restrict or object to processing of your data

Request data portability

Withdraw consent at any time

For any data protection concerns or to exercise your rights, please contact Samuel Silva (sss@ua.pt).

**VOLUNTARY PARTICIPATION**

Your participation in this study is entirely voluntary. You are free to decline to participate, to end participation at any time, or to refuse to answer any individual questions without penalty or loss of compensation (if applicable).

**QUESTIONS ABOUT THE RESEARCH**

If you have any questions about the research, please contact:

Student Researcher(s):brunogoliveira@ua.ptjoaop.bastos@ua.pt

Faculty Supervisor:paulo.dias@ua.pt

**CONSENT**

By signing below, I confirm that:

I have read and understand the information provided above

I have had the opportunity to ask questions and have received satisfactory answers

I understand that my participation is voluntary, and I can withdraw at any time without giving a reason

I agree to participate in this usability testing session under the conditions described above

**Participant:**

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Researcher:**

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**MEDIA RECORDING PERMISSION(Optional section)**

In addition to the above consent, please indicate whether you agree to the following:

I agree to have my session:

\_\_ Audio recorded

\_\_ Screen recorded

\_\_ Video recorded

I understand that these recordings will be used only for:

Analysis by the research team

[If applicable]Other purposes (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These recordings will be destroyed/deleted by the end of the academic year.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_