Usability Evaluation Consent Form

*In this usability evaluation:*

* *[Activity one – eg “You will be asked to perform certain tasks on a computer”]*
* *[Activity two – eg “We will also conduct an interview with you regarding the tasks you performed”]*

*Participation in this usability study is voluntary. All information will remain strictly confidential. The descriptions and findings may be used to help improve the [product name/application]. However, at no time will your name or any other identification be used. You can withdraw your consent to the experiment and stop participation at any time.*

*If you have any questions after today, please contact [team member] at [email]. Please sign below to indicate that you have read and you understand the information on this form and that any questions you might have about the session have been answered.*

I agree to participate in the study conducted by the [Group].

I understand that participation in this usability study is voluntary and I agree to immediately raise any concerns or areas of discomfort during the session with the study administrator.

## Date:\_\_\_\_\_\_\_\_\_

## Please print your name:

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Please sign your name:

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Thank you!

We appreciate your participation.