**Title of Project:** Automated Suggested Responses

**Student Researchers:** Matthew Arlauckas, Mars Ballantyne, José Reyes Arias, Philip T. Rodriguez

We are asking for your voluntary participation in our research project. Please read the following information about the project. If you would like to participate, please sign in the appropriate area below.

**Purpose of the project:** The purpose of our project is to provide a tool to facilitate communication between hearing and deaf and hard of hearing (DHH) individuals by providing automated suggested responses to save time from typing messages.

**If you participate, you will be asked to:** View our web chat application to familiarize you with our web chat application, as well as type and select suggested responses in our app according to a transcript in two conversation subjects such as ordering food and movie tickets. One conversation subject will involve the use of our tool to utilize automated suggested responses, while the other conversation subject will not involve the use of our tool and will require manually typing messages. After performing these tasks, we will ask for your thoughts and opinions on the design of the web chat app, such as what worked well and what could be improved. Finally, we will conduct a follow-up questionnaire to evaluate your satisfaction and ease of use when using our system.

**Time required for participation:** 30 minutes

**Potential risks of study:** Fatigue and eye strain due to use of screens and typing messages on a computer.

**Benefits:** Light refreshments provided after participation

**How confidentiality will be maintained:** We will anonymize your responses in our report, meaning that we will not use your name, email address or any other personally identifiable information that will uniquely identify you as a participant in our study. For instance, we will utilize references such as “User 1”.

If you have any questions about this study, feel free to contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Voluntary Participation:**

Participation in this study is completely voluntary. If you decide not to participate, there will not be any negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to continue the study.

By signing this form I am attesting that I have read and understand the information above and I freely give my consent/assent to participate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Reviewed and Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Participant Printed Name:

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Signature: