**Informed Consent Form**

***Title:*** Pal-ette Usability Study

***Investigators:*** Lara Gomez, Pantysh Ghurburrun, Basmala Moumneh, Zhe Cao, Connie Lin, Jeremy Cheng

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby consent to participate in a usability study conducted by the Investigators (listed above) as part of a Fall 2022 project for **CSCC10, Human-Computer Interaction**, a course offered by the Department of Computer & Mathematical Sciences at the University of Toronto Scarborough.

I **agree** to participate in this study and understand that the purpose of this study is to evaluate how intuitive and efficient it is to make posts, make galleries and buy art using the current Pal-ette interface prototype, and identify potential improvements to the website's design.

I **understand** that:

- The procedures to be used are as follows: I will be asked preliminary questions, followed by testing the Pal-ette prototype, followed by more questions regarding my experience using the prototype. The entire interview will be 30 minutes long and notes will be taken. If given permission, the interview will also be recorded for reference.

- There are no anticipated risks by taking part in this study.

- I will receive no compensation for my participation.

- I am free to withdraw at any time during the study without the need to give any explanation or penalty.

- All materials and results will be kept confidential, and, in particular, that my name and any identifying or identified information will not be associated with the data.

- I can contact the course instructor, Naureen Nizam (nnizam@cs.toronto.edu) with any questions or concerns.

**PARTICIPANT**

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**INVESTIGATOR(s)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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