

## Assent Form, for children to agree to participate in research ${\tt IRB\ No}.:\!14\text{-}114\text{-}\mathsf{MAR-XPD}$

| Learning with Purpose   |  |
|---|--|
| Date: August 21, 2015 Project Title: Middle School Pathways in Computer Science Investigator: Fred Martin and Diane Schilder  |  |
| This form has been approved for use by the UMass Lowell Institutional period not to exceed one year from the approval date.   | l Review Board (IRB) and is valid for a      |
| Authorized IRB Approval Signature   | Approval Date: 8/21/15                       |
| <b>Statement:</b> We are doing a study to learn about how to teach compute we are going to ask you some questions about computer science, and you will take about 20 minutes at the beginning and end of the study.   | r science. If you agree to be in our study,  |
| You can ask questions about this study at any time. If you decide at any reason. The questions we will ask are only about what you think. There this is not a test.   |  |
| There is a chance that details about you might be revealed to others. The will think more about your own learning, and this may be rewarding.   | ne benefit of being in the study is that you |
| Your parents (or guardians) already know about our study and think it's this paper, it means that you have read this and that you want to be in the study, don't sign this paper. Being in the study is up to you, and no one or if you change your mind later. | ne study. If you don't want to be in the     |
| Circle the appropriate face below and/or sign your name on the line to  | indicate you want to participate.            |
| Yes, I understand and want to be in the study or  | No, I do not want to be in the study.        |
| Signature of Child:   | Date:  |
| Signature of PI or Person Obtaining Assent/Consent: Printed name of PI or Person Obtaining Assent and Title/Role: Fred M  | Date: artin, principal investigator          |
| Consent of Parent or Guardian: I understand that I will be given a signed copy of this Assent/Consent F   | Form to keep.                                |
| SIGNATURES  1. Printed Name of Parent/Guardian:   |  |

Date:

Date:

Relationship to child:

Relationship to child:

Signature:

Signature:

2. Printed Name of Parent/Guardian: