



STUDY CONSENT FORM

Department of Computer Science
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Project Title: Haptic Cyberlearning – Visual Programming Environment Usability Evaluation
(UBC Ethics #H14-01763)

Principal Investigator:

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Co-Investigators:

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The purpose of this study is to investigate the design of visual programming tools that will help high school students learn STEM concepts (Science, Technology, Engineering, Math) such as physical system modeling, through using and programming environments using force feedback tools. We may ask you or your child about current knowledge of physics. We will then ask you to interact with one or more haptic devices (for example, a simple actuated knob) and explore an interface that utilizes these devices in various ways. We may also ask you to give us feedback on your experience using this tool, and invite you to be videotaped in your interactions and conversation with the researcher.

You may refuse or skip any tool, task, or question without affecting your reimbursement.

REIMBURSEMENT: We are very grateful for your participation. You will receive monetary compensation of \$5 per half hour for this session.

TIME COMMITMENT: 1 × [30/60/90 minute] session

RISKS & BENEFITS: This experiment contains no more risk than everyday computer use. There are no direct benefits to participants beyond compensation.

CONFIDENTIALITY: *You will not be identified by name in any study reports. Any identifiable data gathered from this experiment will be stored in a secure Computer Science account accessible only to the experimenters.*

AUDIO/VIDEO RELEASE: *You may be asked for audio or video to be recorded during this session. You are free to say no without affecting your reimbursement.*

I agree to have AUDIO recorded: ☐Yes ☐No

I agree to have VIDEO recorded: ☐Yes ☐No

I agree to have ANONYMOUS VIDEO OR AUDIO EXCERPTS presented with the findings: ☐Yes ☐No

You understand that the experimenters will ANSWER ANY QUESTIONS you have about the instructions or the procedures of this study. After participating, the experimenters will answer any other questions you have about this study. Your participation in this study is entirely voluntary and **you may refuse to participate or withdraw from the study at any time without jeopardy**. Your signature below indicates that you have received a copy of this consent form for your own records, and consent to participate in this study.

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598, or if long distance email RSIL@ors.ubc.ca or call toll free 1-877-822-8598”.

You hereby CONSENT to participate and acknowledge RECEIPT of a copy of the consent form:

Participant Signature

Date

Printed Name of the Participant signing above

PARENT / GUARDIAN CONSENT (*if necessary*)

- I consent / I do not consent (circle one) to my child’s participation in the study

Parent or Guardian Signature

Date

Printed Name of Parent or Guardian signing above