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| ubc_colour | **Private Feedback on a Shared Display**  UBC Department of Computer Science  ICICS/CS Building  201-2366 Main Mall  Vancouver, B.C., V6T 1Z4 |

**Consent Form**

**Principal Investigator**

Kellogg S. Booth, Professor, Department of Computer Science, (604) 822-8193

**Co-Investigator**

Peter Beshai, M.Sc. Student, Department of Computer Science, (604) 339-4003

**Project Purpose and Procedures**

The purpose of this study is to evaluate a novel method of providing private individual feedback on a shared display. You will be asked to interpret letters on a display and press the corresponding button on an i>clicker remote.

**Confidentiality**

Your identity will remain anonymous and will be kept confidential. A computer will record performance as you perform the tasks, but no identifying information (such as your name) will be stored with this data, nor will it be associated with the data after it has been analyzed.

The results will be made public through publications; however, no identifying information will be included in any published disclosure of the research.

No audio recordings or photographs will be made of your participation.

**Risks/Remuneration/Compensation**

There are no anticipated risks to you participating in this research. You are free to take a break or withdraw from the study.

You will receive an honorarium of $20 for your participation. You will be eligible for the honorarium even if you withdraw from the study.

**Contact Information about the Project**

If you have any questions or require further information about the project you may contact Peter Beshai (pbeshai@cs.ubc.ca or 604-339-4003) or Dr. Kellogg Booth (ksbooth@cs.ubc.ca or (604) 822-8193).

**Contact for Concerns About the Rights of Research Subjects**

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 Services at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598

**Consent**

We intend for your participation in this project to be pleasant and stress-free. Your participation is entirely voluntary and you may refuse to participate or withdraw from the study at any time without consequence.

Your signature below indicates that you have received a copy of this consent form for your own records. Your signature indicates that you consent to participate in this study.

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to participate in the project as outlined above. My participation in this project is voluntary and I understand that I may withdraw at any time.

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Subject Signature Date

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Printed Name of Subject