

## **CONSENT FORM FOR RESEARCH STUDY (2016-2017)**

Mobile CSP: Using Mobile Learning to Teach Computer Science Principles in Schools

### Project Leaders:

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### Evaluation Consultant

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**DESCRIPTION:** Your child is being asked to participate in a voluntary research study—Mobile CSP: Using Mobile Learning to Teach Computer Science in Schools. Please see the accompanying letter for more details about this project. As part of this research study, your child is being asked to:

- Complete a pre- and post-course interest and attitude survey
- Allow the research team to analyze course assessment results (i.e., performance tasks, examinations) and student grades to gauge the effectiveness of the course.

**RISKS AND BENEFITS:** The risks associated with this study are minimal. There is an extremely small risk that the security of the data could be compromised, and a small risk that students could feel anxiety or discomfort while completing the surveys or assessments. Your student's decision whether or not to participate in this study will not affect their grade or standing. The evaluation team will keep all records strictly confidential and all student identifiers will be replaced with random ID numbers, once pre/post data matching has occurred. All research materials will be destroyed, and hard copies shredded, within three years of the completion of the project.

In addition to providing your student with a rigorous, AP-level introduction to Computer Science, the benefits of participation include contributing to a research study that can help develop a computer science curriculum that is appropriate for high school students.

**SUBJECT'S RIGHTS:** If you have read this form and have decided to allow your child to participate in this project, please understand their participation is voluntary and you have the right to withdraw your consent at any time without penalty.

- I agree to allow my child to participate in the Mobile CSP study.
- I do **not** agree to allow my child to participate in the Mobile CSP study.

STUDENT NAME (Print) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### **Staff only:**

Teacher's Name \_\_\_\_\_ Section/Period \_\_\_\_\_