

## INFORMED CONSENT FORM

**Study Title:** What Children Can Tell Us in the Design of New Technologies  
**Principal Investigator:** Dr. Jerry Alan Fails (Department of Computer Science)  
**Sponsor:** Research activities partially funded by the National Science Foundation (NSF)

Dear Parent/Guardian

My name is Jerry Fails and I'm a faculty member of the Department of Computer Science at Boise State University. I am asking for your permission to include your child in my research. This consent form will give you the information you will need to understand why this research is being done and why your child is being invited to participate. It will also describe what your child will need to do to participate as well as any known risks, inconveniences, or discomforts that your child may have while participating. I encourage you to ask questions at any time. If you decide to allow your child to participate, you will be asked to sign this form and it will be a record of your agreement to participate. You will be given a copy of this form to keep.

### **Purpose and Background**

The purpose of this research is to design new technologies *for* children *with* children. Your child is invited to participate because he or she is between 6 and 11 years old. There are two main goals to this research:

1. To investigate how to design technology for children with children
2. To develop innovative technologies that will benefit children

### **Procedures**

Children will be design partners on a team with adults and children. Team members will work together to design new technologies intended to be used by children. Examples of technologies the team will work on are collaborative science applications and search interfaces for children. The team will use techniques like using arts and craft supplies to generate ideas as well as trying new technologies and sharing what team members like, dislike, and what they would change. In this experience children will become design partners – full partners in the design with adults. The goal is to build on each other's ideas to improve current technologies and create new technologies. We will record (video/audio) some portions of our design sessions. We may also take pictures. Recordings and pictures help us capture all ideas as well as the processes taken to reach those ideas. The team will meet twice a week during the school year: Tuesday and Thursday afternoons from 4:15-5:45 pm. We will meet in a kid-friendly research and computer lab or online using video chat (e.g., Zoom) and other technologies. Occasionally we will work on designing new interactive technology where we will introduce new technologies like augmented or virtual reality, or may use a fitness tracker to observe normal/moderate activity to engage with an active game. As part of co-designing technology with your children, they will be providing input and ideas. We will also conduct a pre and post interview with children to ask about their experience (anticipated or experienced) being a design partner.

### **Risks / Discomforts**

The only risks associated with this research are those associated with working with others such as those your child would experience working with others on a school project, which can include emotional distress. Children are asked to respect others' ideas. Sometimes, children will have to combine ideas. Most activity will be at the level of what you would expect in a classroom; occasionally we may be slightly more active in walking around the room. Should your child experience distress, please contact your child's physician.

### **Benefits**

There is evidence that suggests that being on teams such as this one has positive impacts for children. One study of such teams found positive impacts in the areas of communication, collaboration, and problem solving. In short, there may be some benefits to being on the team.

## Payment

Each child who works with the team for a year will receive a technology gift of their choosing. The cost of the gift must be no greater than \$120. For those participating in just the second half of a year, the limit max is \$60. The principal investigator and the parents/guardians will need to approve the gift the child chooses. Gifts will be presented during a celebration at the end of the academic year.

## Extent of Confidentiality

We will do our best to keep your child's personal information confidential. Only researchers working on the team will have access to the recordings and pictures. We will keep all data gathered in this study, including consent and assent forms, video and notes, in a locked room. Digital media will be secured with strong passwords. We will not identify any child by their real name in reports or publications; children will only be identified through common demographic data such as gender and age.

For this research project, the researchers are requesting demographic information. Due to the makeup of Idaho's population, the combined answers to these questions may make an individual person identifiable. The researchers will make every effort to protect your confidentiality. However if you are uncomfortable answering any of these questions you may leave them blank.

Your information may be shared with representatives of Boise State University or governmental authorities if your child or someone else is in danger or if we are required to do so by law. Per law, consent forms are kept for three (3) years after the study. In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.

## Questions

If you have any questions or concerns about participation in this study, you should first contact the investigator Dr. Jerry Fails at [jerryfails@boisestate.edu](mailto:jerryfails@boisestate.edu) or 208-426-5783.

If you have questions about your rights as a research participant, you may contact the Boise State University Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects. You may reach the board office between 8:00 AM and 5:00 PM, Monday through Friday, by calling (208) 426-5401 or by writing: Institutional Review Board, Office of Research Compliance, Boise State University, 1910 University Dr., Boise, ID 83725-1138.

## Documentation of Consent

I have read this form and decided that my child will participate in the project described above. Its general purposes, the particulars of involvement and possible risks have been explained to my satisfaction. I will discuss this research study with my child and explain the procedures that will take place. I understand I can withdraw my child at any time.

|                  |  |
|------------------|--|
| Participant Name |  |
| Gender           |  |
| Age              |  |

|                      |  |
|----------------------|--|
| Parent/Guardian Name |  |
| Signature            |  |

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| Name & Signature of Principal Investigator |  |
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