

# INFORMED CONSENT FORM

You are invited to participate in a study of practicality of an interface. We hope to learn the usability of our low fidelity interface. You were selected as a possible participant in this study because you are interested in learning computer science and don't have much knowledge on the subject matter yet. If you decide to participate, we will ask you to perform a set of three tasks (easy, intermediate and difficult) and observe your performance to determine the effectiveness of our interface and game idea in general. You will be asked to do some simple programming, play a game in determining correctly the datatypes and debugging some code. Each task shouldn't take longer than 30 minutes, so the whole experiment will take around 1.5 hours. The only discomforts you might feel is frustration and boredom. Future users of the game will benefit from the results of this experiment, since any feedback we receive will improve the interface.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission.

Your decision whether or not to participate will not prejudice your future relation with the group members of this project. If you decide to participate, you are free to discontinue participation at any time without prejudice.

If you have any questions, please do not hesitate to contact us. If you have any additional questions later, please contact Volodymyr Kalish at [vlad\\_kalish@berkeley.edu](mailto:vlad_kalish@berkeley.edu) who will be happy to answer them.

You will be offered a copy of this form to keep.

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You are making a decision whether or not to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without penalty or loss of benefits to which you may be entitled after signing this form should you choose to discontinue participation in this study.



\_\_\_\_\_  
Signature

4/14/08

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (If necessary)

\_\_\_\_\_  
Date