University of North Texas Institutional Review Board

Informed Consent Form

Before agreeing to your child’s participation in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

**Title of Study:** Robotics and App Design Summer Camp

**Investigator:** Dr. Robert Akl, University of North Texas (UNT) Department of Computer Science and Engineering.

**Purpose of the Study:** You are being asked to allow your child to participate in a research study which involves evaluation of the summer camp for program effectiveness and a pre-program survey.

**Study Procedures:** Your child will be asked to answer a few multiple choice questions about their experience with the program and their education goals prior to the camp that will take less than five minutes of your child’s time.

**Foreseeable Risks:** No foreseeable risks are involved with this study.

**Benefits to the Subjects or Others:** This study is not expected to be of direct benefit to your child, but the survey may allow the researchers to make improvements on or demonstrate the effectiveness of the summer camp.

**Compensation for Participants:** There is no compensation for this survey.

**Procedures for Maintaining Confidentiality of Research Records:** The confidentiality of your child’s individual information will be maintained in any publications or presentations regarding this study. Documents will be stored securely by the Investigator on the UNT campus. Confidentiality will be maintained to the degree possible given the technology and practices used by the online survey company. Your participation in this online survey involves risks to confidentiality similar to a person’s everyday use of the internet.

**Questions about the Study:** If you have any questions about the study, you may contact Dr. Robert Akl at robert.akl@unt.edu.

**Review for the Protection of Participants:** This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-4643 with any questions regarding the rights of research subjects.
Research Participants’ Rights: Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- Dr. Robert Akl has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.
- You understand that you do not have to allow your child to take part in this study, and your refusal to allow your child to participate or your decision to withdraw him/her from the study will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your child’s participation at any time.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as the parent/guardian of a research participant and you voluntarily consent to your child’s participation in this study.
- You have been told you will receive a copy of this form.

______________
Printed Name of Parent or Guardian

______________                                            ____________
Signature of Parent or Guardian                                     Date

For the Investigator or Designee: I certify that I have reviewed the contents of this form with the parent or guardian signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the parent or guardian understood the explanation.

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Signature of Investigator or Designee                     Date
Child Assent Form

You are being asked to be part of a research project being done by the University of North Texas Department of Computer Science and Engineering.

This study involves a survey about your education and career goals.

You will be asked to answer a few multiple choice questions that will take less than five minutes.

If you decide to be part of this study, please remember you can stop participating any time you want to.

If you would like to be part of this study, please sign your name below.

__________________________  __________________________
Printed Name of Child      Signature of Child      Date

__________________________  __________________________
Signature of Investigator  Date