

Consent Form

1 Computer Science Ability Study

2 Principal Investigator

W. Michael McCracken - College of Computing

Student Assistant

Danny Diaz

3 Purpose of Research

This project is concerned with how students learn and understand basic programming skills. We hope to uncover the impediments to learning programming and as a result improve the teaching and learning of programming.

4 Procedures

The procedures we will use with student subjects will questionnaires and a programming exercise.

5 Foreseeable Risks or Discomforts.

There is no risk associated with this research beyond what is referred to as minimal risk. Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater than those ordinarily encountered in daily life during the performance of routine tests or psychological examinations.

6 Benefits

The benefit of this research is the potential for improving engineering and computing education. This is a benefit to all students of engineering and computing, and possibly other scientific and mathematical fields.

7 Compensation/Costs

There is no compensation being offered to participants in this study.

8 Confidentiality

All data collected in this study will be coded to permanently obscure the identification of the participants. All information concerning you will be kept private. If information about you is published, it will be written in a way that you cannot be recognized.

9 Injury/Adverse Reactions

Reports of injury or reaction should be made to W. Michael McCracken at 404-894-6172. Neither Georgia Institute of Technology nor the principal investigator has made provision for payment of costs associated with any injury resulting from participating in this study.

10 Contact Persons

If you have questions about the research, call or write W. Michael McCracken at 404-894-6172 or College of Computing, Georgia Institute of Technology, Atlanta, GA 30332-0280.

11 Voluntary Participation/Withdrawal

At any point in this study you may elect to withdraw from participating by notifying the Principal Investigator, W. Michael McCracken or Mr. Danny Diaz, the student assistant on the project.

You have rights as a research volunteer. Taking part in this study is completely voluntary. If you do not take part, you will have no penalty. You may stop taking part in this study at any time with no penalty. If you have any questions about your rights as a research volunteer, call or write:

Jill Burkhalter
Office of Sponsored Programs
Georgia Institute of Technology
Atlanta, Georgia 30332-0420
Voice (404) 894-6942 Fax (404) 385-0864

12 Signatures

A copy of this form will be given to you.

Your signature below indicates that the researchers have answered all of your questions to your satisfaction and that you consent to volunteer for this study.

Subject's

Signature: _____ Date: _____

Investigator's Signature: _____ Date: _____