

## Consent to Participate in Research

Dear student,

You are invited to participate in a research study that explores how an instructional approach known as POGIL affects student interest and learning outcomes in introductory Computer Science courses. We want to understand how POGIL works for multiple populations and contexts, based on student feedback and grades in courses taught by instructors in the project.

**Research Procedures:** During this course you will complete an online survey and a programming assessment. We need your permission to analyze your answers on these two assignments for research purposes (in addition to their regular instructional purpose).

**Confidentiality:** Your answers on the survey and assessment are confidential. All data is stored in a secure location accessible only to the research team. Your name will not be stored in the data itself, but will be replaced by a code that you provide. Aggregate results, including averages and/or generalizations about the responses as a whole, are presented at conferences and faculty development workshops, and in publications.

**Risks & Benefits:** Participating in this study should present at most minimal risks (beyond the risks of everyday life), but some side effects may be unforeseeable. Potential benefits to you include: (1) increasing awareness of your confidence and ability in computer science, (2) helping your instructor to improve their teaching practices, and (3) improving instruction and student learning in future courses.

**Compensation:** One in every 25 students who submit this form and complete the above procedures will receive a \$25 gift card. At least one student from each instructor will be selected.

**Your participation is completely voluntary.** You are free to choose not to participate in any of the above procedures. If you choose to participate, you can withdraw at any time without penalty to you. Your instructor will not be informed of your decision to participate, or not to participate, until after the course is over and final grades have been submitted.

If you have questions or concerns,  
or if you wish to withdraw, please contact:

Dr. Helen H. Hu  
Computer Science Department  
Westminster College  
(801) 832-2362  
hhu@westminstercollege.edu

For questions regarding your rights  
as a research subject, please contact:

Dr. Sheryl Steadman  
Chair, Institutional Review Board  
Westminster College  
(801) 832-2164  
irb@westminstercollege.edu

If you would like to participate in this study, please sign and turn in the next page. You should keep this page for your records. Thank you in advance!

The IntroCS-POGIL Team: Dr. Helen Hu, Dr. Clif Kussmaul, Dr. Chris Mayfield, and Dr. Aman Yadav

**Giving of Consent:** I have read this consent form, and I understand what is being asked of me. I have been given satisfactory answers to my questions. The investigators have given me a copy of this form. I certify that I am at least 18 years of age. I freely consent to participate.

\_\_\_\_\_  
Name of Participant (Printed)

\_\_\_\_\_  
Name of Participant (Signed)

\_\_\_\_\_  
Date



06/15/2018

\_\_\_\_\_  
Name of Researcher (Signed)

\_\_\_\_\_  
Date

**Participant Code:** The following information is used (instead of your name) to link the results of your survey with your programming assessment. Please fill in the blanks below and use the same answers when you complete the survey.

What are the first two letters of your LAST name? \_\_\_\_\_

What are the first two letters of your FIRST name? \_\_\_\_\_ (Please use your legal name)

What is your birth MONTH? \_\_\_\_\_ (Please use two digits, such as 01 for January)

What is your birth DAY? \_\_\_\_\_ (Please use two digits)