



Learning Games Lab Research Consent Form

The person in charge of this project is: **Name:** Barbara Chamberlin, Ph.D.
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What you can expect...

We want to learn more about how people play educational games, videos and other media. During the *Learning Games Lab* think tank, you will play games, share your feedback and design media. We'll talk with you, observe you while you play, and may ask you questions and have you to fill out forms or surveys on what you've learned. You are called a "consultant" because you give your opinion and feedback to researchers.

We may be photographing or videotaping you and making notes while you help us. We may watch the videotape later to help us remember what you said. This video, your full name, and our notes will only be shared with researchers and not distributed to anyone outside of the research group.

Benefits and risks...

You may learn different things. For example, you may improve your math skills, science skills or learn healthier eating behavior; depending on the games you play. You may also improve your computer and design skills, or your ability to work with others. Sometimes research studies have risks for participants, or things that may hurt them or make them feel bad. Depending on your physical condition, you could get short of breath while playing an active game.

You can quit at any time...

You have been asked to volunteer. You do not have to participate in the Learning Games Lab and can stop at any time. If you decide to quit as a consultant, no one will be angry or upset with you.

Sign your name if you want to take part in this Learning Games Lab project...

If you are willing to be a user consultant in our lab, **you and your parent or guardian must sign your name**. If you have any questions about this research project, you can contact the person listed above. If you have any questions about your research rights, you can contact the Office of the Vice Provost for Research at 575-646-2481.

Date: _____

Consultant's Signature: _____ **Age (if under 18):** _____

Parents and Guardians of children or youth: if you give your child permission to participate in this user testing, and have reviewed this form with them, please sign below. **Because this lab session is a research activity, your child cannot participate without consenting, nor can they participate without your written consent.**

Parent/Guardian's Signature (if under 18): _____