A Study of Software Development
Principal Investigator Alex Repenning

PARTICIPANT INFORMED CONSENT FORM
November 22, 2004

Please read the following material that explains this research study. Signing this form will indicate that you have been informed about the study and that you want to participate. We want you to understand what you are being asked to do and what risks and benefits—if any—are associated with the study. This should help you decide whether or not you want to participate in the study.

You are being asked to take part in a research project conducted by Professors Alex Repenning, Clayton Lewis, and Michele Jackson, faculty members in the University of Colorado at Boulder’s Departments of Computer Science 430 UCB and Communication 270 UCB, Boulder, CO 80309. Professor Repenning can be reached at 303-492-1349.

Project Description:

This research study is about the experiences and attitudes students have when they are asked to collaborate with each other to develop software programs. You are being asked to be in this study because you have enrolled in a course where students collaborate to develop software programs. Participation in this study is entirely your choice.

Procedures:

If you agree to take part in this study, you will be asked to participate in a focus group interview for approximately one hour and to have that interview audiotaped.

I agree ___ do not agree ___ to be audio taped.

Participating should take 60-90 minutes of your time. We will arrange to conduct the interviews in a place that is convenient for you.

You will be asked questions about how do you approached assignments for this course, your evaluation of your experience with this course, and your opinions on working in groups

25 participants will be invited to participate in this research study.

Risks and Discomforts:

The potential risks associated with this study are discomfort you might feel being interviewed about a class you are taking.
Benefits:
There are no direct benefits to you from you taking part in this study.

Source of Funding:

Funding for this study is being provided by the National Science Foundation, a governmental agency. This study is being funded by a federal agency that requires that data be collected in a form that may be analyzed for differences between men and women and races or ethnic groups.

Study Withdrawal:

You have the right to withdraw your consent or stop participating at any time. You have the right to refuse to answer any question(s) or participate in any procedure for any reason. Deciding not to participate will have no effect on benefits you receive from enrollment in the course.

Confidentiality:

We will make every effort to maintain the privacy of your data. Specific identifying information will be withheld and pseudonyms will be used. We will use this data for academic research purposes (transcribing, coding, analyzing, and reporting information), and to plan future developments to this course. All copies of audiotapes or videotapes will be held by Prof. Jackson indefinitely, secured by locked cabinet: they will not be destroyed.

Other than the research team, only regulatory agencies such as the Office of Human Research Protections and the University of Colorado Human Research Committee may see your individual data as part of routine audits.

Invitation for Questions:

If you have questions about this study, you should ask the researcher before you sign this consent form.

If you have questions regarding your rights as a participant, any concerns regarding this project or any dissatisfaction with any aspect of this study, you may report them -- confidentially, if you wish -- to the Executive Secretary, Human Research Committee, 26 UCB, Regent Administrative Center 308, University of Colorado at Boulder, Boulder, CO 80309-0026 or by telephone to (303) 492-7401.

Authorization:

I have read this paper about the study or it was read to me. I know the possible risks and benefits. I know that being in this study is voluntary. I choose to be in this study. I
know that I can withdraw at any time. I have received, on the date signed, a copy of this document containing 3 pages.

Name of Participant (printed) __________________________________________

Signature of Participant ___________________ Date ________________
(Also initial all previous pages of the consent form.)

For HRC Use Only

This consent form is approved for use from 12/6/04 to 12/5/05.

Panel Coordinator or
Research Committee (Signature)

Executive Secretary, Human

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Initials ___