Georgia Institute of Technology
Parental Permission Form

Project Title: American Sign Language (ASL) Tutor for deaf children
Principal Investigators: Thad Starner (thad@cc.gatech.edu)

You are being asked to allow your child to be in a research study. The goal of this project is 1) to develop an educational system for learning ASL which is fun and entertaining. 2) To evaluate the usefulness and feasibility of the system. The ASL tutor system will allow children to build language skills and linguistic memory. Classes are selected to participate in this study based on the teachers’ willingness to participate and how well this project fits into the classroom activities and curriculum. Your child’s participation will take about 30 minutes per test, 3 times over the next two weeks, and will not hinder participation in normal classroom activities. This study is a continuation of a study previously conducted at AASD in the late fall. There are no changes in the risks/benefits of this study. Whether or not your child participated in the previous study has no bearing on his or her eligibility for this study.

In order to study the usefulness of system and learning activities, we will do all or some of the following:

- Videotape the students (possibly your child) using the system
- Review and use logged information from the (pictures and data) in research papers

Your child will be asked to participate in two activities. All systems will be set in the room at AASD with which your child is familiar.

**Main test**
The participants will be asked to use a receptive language test/game. The system has a simple game interface. Participants are expected to choose the correct picture out of three possible pictures that illustrates the signed phrase they just saw on a video. The purpose of this study is to develop an ASL tutor system which is helpful to build deaf children’s language skills and linguistic memory, and also provide diagnostic information to the children’s teachers. The child will see a video of the signed sentence, and then he or she must choose the picture that best illustrates that sentence. The children can see the video only once for each phrase. We wish to see if the interface for this receptive test is understandable to the children and minimizes any confusion. We will not be evaluating the children’s linguistic performance. Instead, we will evaluate how well the interface enables them to complete the test. Each child will be asked to participate in three 30 minute sessions.

**Group Discussion**
Upon completion of the individual evaluation sessions, we will conduct an interactive group feedback session. The goal of this session is to garner the students’ reactions to various elements of the receptive test interface. The students will interact with mocked-up paper and poster-board prototypes which depict the game in various states of play. The students will be allowed to manipulate the mock-up components under the supervision of a teacher, school facilitator, or trained moderator.

During the interactive feedback session, the students will be prompted to discuss four topics of interest to the researchers:

1. Describe the game and attempt to explain how the game is played
2. Point out aspects of the game that they liked, disliked, or found confusing
3. Describe any changes or new features they would like

As part of the interactive feedback session, the students will communicate their thoughts and reactions using their native
language (American Sign Language), and they will also be encouraged to express their ideas by creating their own mock-ups, drawings, sketches, or other pictorial representations. A directed discussion of the students’ feedback will provide some structure to this component of the session. The session will be planned to take no more than one hour to conduct, and the students will be supervised at all times by AASD staff members.

Each session will be audio and video recorded, and these recordings will be used by the researchers primarily for evaluative purposes. Qualitative data from these sessions may be used to generate transcripts of the session, and individual responses will be coded in order to maintain anonymity of responders. The data will generally be reported in aggregate form as much as possible, and will be coded where aggregate reporting is not feasible.

Descriptions of your child and his/her experiences using the system may appear in written and oral presentations of the results of this research. Your child’s identity will be coded, and all data, including photos and videos, will be kept indefinitely for research purposes in a secured, limited access location. Data will be used for scholarly publications and presentations. Public display of photos or video clips of your child (where you can tell who it is) will only happen with your permission prior to display. Your child’s identity will not be revealed in any publication or presentation of the results of this research. However, confidentiality cannot be guaranteed; your child’s personal information may be disclosed if required by law. To ensure that this research activity is being conducted properly, Georgia Institute of Technology IRB has the right to review study records, but confidentiality will be maintained to the extent allowed by law.

There is no direct benefit to your child by participating, however this project may help us discover ways to motivate children to build language skills more deeply and develop linguistic memory more easily. The risks involved are no greater than those involved in daily activities such as using a computer. Your child will not be paid for participation and there is no cost to you for allowing your child to participate. Reports of injury or reaction should be made to Thad Starner (Principal Investigator) at (404) 894-3152. Neither the Georgia Institute of Technology nor the principal investigator has made provision for payment of costs associated with any injury resulting from participation in this study.

Your child has rights as a research volunteer. Your child’s participation in this study is voluntary. You do not have to allow your child to be in this study if you don’t want him/her to participate. You have the right to change your mind and remove your child from the study at any time without giving any reason, and without penalty. Any new information that may make you change your mind about allowing your child to participate in this study will be given to you. You do not waive any of your or your child’s legal rights by signing this permission form.
ASL Tutor: Permission Form

Parent(s) Name: (print neatly) ______________________________________
Student Name: (print neatly) ______________________________________

Consent for PARTICIPATION

Please sign either the “Consent” or “Do Not Consent” space below:

* Consent: Your signature below indicates that the researchers have answered all of your questions to your satisfaction and that you
agree that your child may participate in this study.
Parent/Guardian’s Signature ____________________________ Date _______

* Do Not Consent: Your signature below indicates that the researchers have answered all your questions to your satisfaction and that
you do not wish your child to participate in this study.
Parent/Guardian’s Signature ____________________________ Date _______

Consent for use of identifiable VIDEO/PHOTOGRAPHY that includes your child

As described earlier, we will only use photos or video clips of your child if you give us permission to do so. If you consent, we may use
photos or video clips of your child in written or oral presentations about this research. If you do not consent, these photo and video clips will
be used for research purposes, but will not be shared with anyone except researchers on this project or the IRB.

Please sign either the “Consent” or “Do Not Consent” space below:

* Consent: Your signature below indicates that you agree that video/photos that includes your child’s face may be used for
research presentation and teacher education purposes.
Parent/Guardian’s Signature ____________________________ Date _______

* Do Not Consent: Your signature below indicates that you do not agree that video/photos that includes your child’s face may be
used for research presentation and teacher education purposes. Your child may still remain in the study. His/her identity will be
obscured in any video excerpts/photos we use that include him/her.
Parent/Guardian’s Signature ____________________________ Date _______

Contact Persons:

If you have questions about the research, call or write to Principal Investigator:

Professor Thad Starner
College of Computing,
Georgia Institute of Technology
801 Atlantic Drive, Atlanta, GA 30332-0280
Tel: (404) 894-3152
thad@cc.gatech.edu

OR Co-Investigators:
Courtney Lessl (Courtney@gatech.edu), Harley Hamilton (HHamilton@doe.k12.ga.us)

If you have questions about your rights as a research volunteer, call or write:

Melanie Clark
Office of Research Compliance
Georgia Institute of Technology
Atlanta, GA 30332-0420
Voice: (404) 894-6942
Fax: (404) 385-2081
mclark@osp.gatech.edu

Investigator’s Signature ____________________________ Date _______

A copy has been included for you to keep.