



Consent form for Classroom videotaping or audiotaping

Consent Form for the project: “Using a Research-based Approach to Reform Upper-division Quantum I and E&M I”

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 invited to participate in a research project to improve the learning of and attitudes and beliefs about physics at the upper-division undergraduate level. This project is conducted under the direction of Dr. Katherine Perkins, Sr. Research Associate, UCB 390, University of Colorado, Boulder, Colorado 80309 (303-492-6714). Other investigators include Dr. Noah Finkelstein, Dr. Michael Dubson (303-492-4938), Dr. Steven Pollock (303-492-2495), Dr. Carl Wieman (303-492-4367), Dr. Stephanie Chasteen, Dr. Steve Goldhaber, Ms. Marjorie Frankel, and others of the Physics Departments at the University of Colorado, Boulder, Campus Box 390, Boulder, Colorado, 80309.

The purpose of this project is to improve the learning of and attitudes and beliefs about physics at the upper-division undergraduate level through the development and implementation of materials, tools and practices to help students better achieve the learning goals in these courses. We would like to learn about your experiences with these materials and presentations of physics concepts to help guide improvements and design future tools for learning physics. We would also like to obtain a record of how instructors and students in the classes use these physics materials, to see how this affects student learning and attitudes about physics.

We will be videotaping, audiotaping, or collecting still images (photographs) in various classroom settings of this course (lecture, recitation, homework problem solving sessions, or help sessions). We are requesting your permission to include you in these videotapes, audiotapes, or photographs over the course of this semester. Your presence in the taping might be incidental, or we might use it to judge the reactions of the students to the presentation, curricular materials, or learning tools.

I agree___ do not agree___ to be video taped. (Check One).
I agree___ do not agree___ to be audio taped. (Check One).
I agree___ do not agree___ to be photographed. (Check One).

If you do not wish to be video taped, the Investigator will edit the video tape so that your identity will not be revealed.

The potential risks of participating in this study are minimal. Your participation in this project is strictly voluntary. It has no impact on your grade and you have the right to withdraw at any time. **Your individual privacy will be maintained in all published and written data resulting from this study.** Talks, based on this study, will be given to various professional audiences. **For these talks we will insert short video clips, wherever necessary, to illustrate the point at hand.** To reiterate, these clips will only be shown to professional audiences for illustrative purposes.

Initials ____

I agree ____ do not agree ____ to have my identity revealed (through potential face recognition) in presentations. (In all cases, participant names will be replaced with pseudonyms.)

(If you wish, the Investigator will edit the video clips so that your identity will not be revealed for these presentations).

All handwritten notes and tapes will be kept in a locked filing cabinet. Data from this study will be kept for 3 years after project completion and then destroyed.

If you have any questions regarding your rights as a research subject, any concerns regarding this project, or any dissatisfaction with any aspect of this study you may report them, confidentially if you wish, to the Institutional Review Board, 3100 Marine Street, Rm A15, 563 UCB, (303) 735-3702. Copies of the University of Colorado Assurance of Compliance to the federal government regarding human subject research are available upon request from the graduate school at the address listed above. In addition, research personnel will be happy to answer any questions you may have about this evaluation.

If you agree to participate, please sign and date below. A copy of this consent form will be provided to you.

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 know that being video or audio taped 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 2 pages.

Name of Participant (printed) _____

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