Description of the Research and Your Child’s Part in It
Keith Green and Arash Soleimani are inviting your child to take part in a research study. Keith Green is a professor at Clemson University. Arash Soleimani is a student at Clemson University, running this study with the help of Keith Green. The purpose of this research is to evaluate an interactive learning tool for cyber-physical storytelling, called CyberPLAYce. CyberPLAYce will contain multi-media (light and sound) and electronic modules that respond to your child’s interactions while telling the story.

Your child’s part in this study will be to be a participant in the experience, along with another child, as an adult assists interacting with the artifact. We need your child to help us design a compelling, fun and interactive tool for learning. The experience will be much like storytelling at your child's classroom, except as the child tells a story through plug-and-play while interacting with the cyber-physical panels and the modules with embedded electronics will respond to the child’s interaction as following and telling the story through CyberPLAYce. After telling the story through CyberPLAYce, your child will be asked about his/her experience of CyberPLAYce via a facilitated questionnaire.

The session will be videotaped so that the research team can review how your child interacted with CyberPLAYce. However, no one outside of the research team will see the video. Your child will also be photographed, but photos will be taken such that the identity of your child is obscured. Digital photos and video will be stored on a secure computer and then destroyed after two years.

It will take your child no longer than 40 minutes to take part in this study.

Risks and Discomforts
We do not know of any risks or discomforts to your child in this research study. We welcome your presence at the session (in an adjacent room) should your child become scared or decide at any time during the session that they would like to stop.

Possible Benefits
We do not know of any way your child would benefit directly from taking part in this study. However, we anticipate that the experience will be fun, and this research may help us to understand how to better design interactive story time spaces for promoting education quality for early learners.
Protection of Privacy and Confidentiality
We will do everything we can to protect your child’s privacy and confidentiality. We will not tell anybody outside of the research team that your child was in this study or what information we collected about your child in particular.

We might be required to share the information we collect from your child with the Clemson University Office of Research Compliance and the federal Office for Human Research Protections. If this happens, the information would only be used to find out if we ran this study properly and protected your child’s rights in the study.

Choosing to Be in the Study
Your child does not have to be in this research study. You do not have to let your child be in the study. You may tell us at any time that you do not want your child to be in the study anymore. Your child will not be punished in any way if you decide not to let your child be in the study or if you stop your child from continuing in the study.

If you choose to have your child stop taking part in this study, the information your child has already provided will be used in a confidential manner.

We will also ask your child if they want to take part in this study. Your child will be able to refuse to take part or to quit being in the study at any time.

Contact Information
If you have any questions or concerns about this study or if any problems arise please contact Keith Green at Clemson University at 864-656-3887.

If you have any questions or concerns about your child’s rights in this research study, please contact the Clemson University Office of Research Compliance (ORC) at 864-656-6460 or irb@clemson.edu. If you are outside of the Upstate South Carolina area, please use the ORC’s toll-free number, 866-297-3071.

Consent
I have read this form and have been allowed to ask any questions I might have. I give my permission for my child to be in this study.

Parent’s signature: ___________________________ Date: ______________

Child’s Name: ________________________________

A copy of this form will be given to you.