

Virtual Reality in Washington State Libraries

PARENT CONSENT FORM

Negin Dahya, PhD,
Assistant Professor,
University of Washington Information School
Tel: 206 201-4879 | Email: ndahya@uw.edu

RESEARCHER'S STATEMENT

We are asking your child to be in a research study. The purpose of this consent form is to give you the information you will need to help you decide if your child should be in the study or not. Please read the form carefully and discuss the study with your child. You may ask questions about the purpose of the research, what we would ask your child to do, the possible risks and benefits, your child's rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you and your child can decide to participate in the study or not. You will be asked to sign this form. **Your child will be asked to additionally provide their verbal consent before actually participating in the study**, at which time this information will be reviewed with them verbally at the library where the study is being conducted. This process is called "informed consent." We will give you a copy of this form for your records.

PURPOSE OF THE STUDY

The purpose of this study is to explore informal learning and community engagement in public libraries when patrons, like you or your children, are using virtual reality technology. Virtual Reality is a multisensory, multimedia technology that involves audio-video images and sounds. Users wear a headset with goggles and headphones connected to a computer. The headset creates an illusion of being immersed in the recorded, animated, and computer generated spaces represented in the virtual reality games and experiences. The virtual reality content available in the library is all geared towards young people and adults and focused on educational content like learning about outer space, exploring historical time periods, and touring The White House. You are also welcome to try the VR experience before your child does, and will also be invited to participate in this same research study when you try VR in your local library. We will be asking questions about your child's VR experience in the library and what they have learned.

STUDY PROCEDURES

The library is hosting VR programming over the next several months, between January 2018-June 2018, which you and your children are free to try out anytime so long as you fill out the library legal waiver. If you agree for your child to participate in this research study, your child's VR experience may be photographed and/or video recorded and our research team may take observational notes about your child's experience using VR. Our research team may take observational notes of your child's VR play experience. Any video or images will blur out their faces if used for research purposes, such as in a conference presentation or report on learning using VR in libraries.

If you agree for your child to participate in this research study, we will ask your child questions about his or her VR experience. There is a short survey which should take no more than 10 minutes and will be anonymous. The survey will be available anytime the VR station is set up in the library.

If you are willing for your child to be interviewed to talk more about his or her VR experience, we will ask for contact information for your child in a separate form to maintain anonymity of the survey responses. Including an email address or phone number at the end of the survey is not a commitment to be interviewed.

You can decline and your child can decline to participate in this study and still try out the VR programming in your local library. There are no requirements for your child to participate in this study and there is no impact on your child's use of library resources, including VR, by declining to participate in this study.

RISKS, STRESS, OR DISCOMFORT

Some study participants may feel self-conscious being observed by a member of the research team while experiencing VR. Some study participants may also be embarrassed by questions about their gaming experience and learning outcomes using VR or other digital media.

ALTERNATIVES TO TAKING PART IN THIS STUDY

If you choose for your child not to participate in this study, you will still have to fill out the public library legal waiver on behalf of your child in order to participate in the VR programming. Your child can use the library VR so long as you fill out the library’s legal waiver on his or her behalf.

BENEFITS OF THE STUDY

Your child will not benefit directly from participation in this study, but **we hope that his/her involvement will contribute to a better understanding of the strengths and limitations of using virtual reality for informal learning and community engagement in public libraries.**

CONFIDENTIALITY OF RESEARCH INFORMATION

All of the data collected will be maintained in a confidential manner. The research findings may be published, presented publicly, or used to guide future research. However, your child’s name will not be published or shared publicly. Any images of child’s face will be obscured. Notes from the research sessions and accompanying data will be stored in locked filing cabinets and on password protected computers, and may be kept indefinitely.

Government or university staff sometimes review studies such as this one to make sure they are being done safely and legally. If a review of this study takes place, the data collected about your child may be examined.

OTHER INFORMATION

You or your child may refuse to participate and you or your child are free to withdraw from this study at any time without penalty or loss of benefits to which you are otherwise entitled.

Printed name of study staff obtaining consent	Signature	Date
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Parent/guardian statement

This study has been explained to me. I volunteer to let my child take part in this research. I have had a chance to ask questions. If I have questions later about the research, or if I feel my child has been harmed by participating in this study, I can contact the researcher listed on the first page of this consent form. If I have questions about my child's rights as a research subject, I can call the Human Subjects Division at (206) 543-0098. I will receive a copy of this consent form.

Printed name of my child

Printed name of parent/guardian	Signature of parent/guardian	Date
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Copies to: Researcher
 Parent/Guardian