

The Hackathon at uCode@UWG researchers are inviting your child to participate in a research study conducted at the University of West Georgia at the TEAL Room of the Biology Building. The Dean of the College of Science and Mathematics has approved this research. The researcher is Anja Remshagen, professor in the department of Computer Science of the University of West Georgia. Your child's participation in this study is voluntary. You should read the information below, and ask questions about anything you do not understand, before deciding whether or not to allow your child to participate.

STUDY TITLE: Hackathon 2019: Coding for a Better Community

PRINCIPAL INVESTIGATOR: Anja Remshagen

UWG DEPARTMENT: Computer Science PHONE: 678-839-6657 EMAIL: anja@westga.edu

Purpose of the study:

The purpose of this exploratory research is to investigate the effectiveness of Hackathons to learn specific computer science concept and to broaden the participants' insight into application development.

Procedures to be followed:

The researchers intend to give a pre- and posttest to the participants to assess their knowledge of programming concepts and their insight into application development.

Time and duration of the study:

The pretest and posttest should take about 10 minutes each The pretest will be conducted at the beginning and the posttest will be conducted towards the end of the Hackathon.

Discomforts or risks

We believe there are no known risks associated with this study. There may be uncommon or previously unforeseen risks. You and/or your child should report any problems to the researcher.

Benefits of the study:

Research is designed to benefit society by gaining knowledge. Your child may benefit personally from being in this research study, by learning a programming languages, and acquiring software development skills.

Compensation:

Your child will not receive any monetary compensation for taking part in this study.

How will your child's privacy be protected:

When the results of the research are published or discussed in conferences, no information will be included that would reveal your child's identity. We will not request sensitive information from your child. All the data will be stored in the computer of the Principal Investigator, which is password protected.

You should also know that while every effort will be made to keep research records private and information confidential, there may be times when federal or state law requires the disclosure of records. This is very unlikely, but if disclosure is required, UWG will take all steps allowable to protect you and your child's personal information. In some cases, the University Institutional Review Board (IRB) may inspect study records as part of its auditing program, these reviews will only focus on the researchers and not on your child's responses or involvement.

When will the records, data, images, or other documentation be destroyed (if applicable):

3 years after the conclusion of the research.

Participation:

Your child's participation in this research is voluntary. If you or your child choose not to participate, that will not affect your relationship or your child's relationship with the University of West Georgia or your child's right to educational services or other services to which he or she is otherwise entitled. If you decide to allow your child to participate, you are free to withdraw your consent and discontinue your child's participation at any time without prejudice.

Questions about the research study:

If you have questions about this research study or any research related problems, you may contact the researcher or faculty advisor listed above.

Questions about your rights as a research participant:

To contact the Office of Research and Sponsored Operations Compliance for answers to questions about the rights of research participants or for privacy concerns please email irb@westga.edu or contact the UWG Research Compliance Officer, Charla Campbell, at (678) 839-4749 or charlac@westga.edu.

Participant Agreement:

I have read the information provided above. I have asked all the questions I have at this time. I have been given a copy of this informed consent statement to take with me. I give permission for my child to participate in this research study.

Please sign both copies, keep one and return the other to the investigator.

Your child's name:	_
Your signature:	Date:
Your printed name:	Date:
Signature of person obtaining consent:	Date:
Printed name of person obtaining consent:	Date: