

Informed Consent Form  
Optimized Learning with Virtual Reality

**[Informed Consent Form for Douglas County residents and visitors]**

Name the group of individuals for whom this consent is written. Because research for a single project is often carried out with a number of different groups of individuals - for example counselors, community members, clients of services - it is important that you identify which group this particular consent is for.

You may provide the following information either as a running paragraph or under headings as shown below.

**Codey Winslow  
Oregon Institute of Technology  
Oregon Space Grant Consortium  
Optimized Learning with Virtual Reality**

**This Informed Consent Form has two parts:**

- **Information Sheet (to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

**You will be given a copy of the full Informed Consent Form**

**Part I: Information Sheet**

**Introduction**

Hello! I am Codey, a Software Engineering student at the Oregon Institute of Technology. Thanks to the funding from OSGC, I am researching the effectiveness of learning with virtual reality technology. This consent form will provide information on what data I am looking for, what procedure is used for testing, and your role in this study, should you choose to be a part of it.

**Purpose of the research**

With virtual reality (VR) devices become more available to the public, the question of how they can be used to benefit humanity begs to be answered. What makes VR different from other technology is its unique ability to translate movement into the applications you use. This allows you to feel like you're in a different place, and possibly feel like you're doing something you've never done (such as piloting a spacecraft)! With this special attribute of VR in mind, it is worth considering if it aids in learning new skills. This research is being done to gather more information to help answering that question!

**Type of Research Intervention**

Participants will be expected to follow lessons to perform procedures on-screen and/or perform them from memory for a test of learning ability. Your actions will be observed and recorded in writing.

**Participant Selection**

Participants are chosen randomly within the researcher's social reach. No non-medical attributes are used to filter potential subjects.

**Voluntary Participation**

This experiment is entirely voluntary in that it is your choice to participate. If at any point during the process you wish to withdraw, you are free to do so and your performance data will be disregarded. This cannot be done after the process is finished because all data is anonymous.

**Procedures**

A. Should you choose to participate, you will be assigned to either Group A or Group B, determined to keep both groups balanced.

B. Participants of Group A will be asked to watch informational videos on how to perform certain procedures on a touchscreen application.

C. Participants of Group B will be asked to wear a virtual reality headset and use a wireless controller to interact with a virtual screen. This screen will display a virtual application that teaches the user how to perform procedures on a touchscreen application.

D. Both groups will finally be asked to perform the procedures they learned on a real touchscreen device running the application they've been taught to use. The participant's actions and degree of success will be notated by the researcher in writing.

### **Duration**

The process for participants is expected to take at most 45 minutes. An extra 15 minutes may be used to teach the use of various technology used and ask few brief questions following the process.

### **Risks**

There exists minimal risk for this experiment.

Any participant that admits to a history of epilepsy will be disqualified from the process in order to prevent mishaps from use of the virtual headset or touchscreen.

Some individuals may experience motion sickness while using virtual reality devices. Given the nature of the virtual reality application used in this experiment, the likelihood of this is high improbable.

### **Benefits**

Your participation helps to gather information for how virtual reality technology should be used in the future. Prudent members of our community are encouraged to help achieve a clear vision of what lies ahead for VR.

### **Reimbursements**

This research project offers no reimbursement for your participation aside from great appreciation!

### **Confidentiality**

No data gathered during the experiment is tied to personal information and thus cannot be paired with your identity.

### **Sharing the Results**

Results from this research will be provided during a public presentation at the Oregon Institute of Technology's Fall Symposium. This will occur no later than November 2020.

### **Right to Refuse or Withdraw**

If at any point during the process you wish to withdraw, you are free to do so and your performance data will be disregarded. This cannot be done after the process is finished because all data is anonymous.

### **Who to Contact**

If you have any questions related to the study, please use the following contact information.

Codey Winslow  
codey.winslow@oit.edu  
541-817-7359

**This proposal has been reviewed and approved by [name of the local IRB], which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact [name, email, telephone number.]**

### **Part II: Certificate of Consent**

The research experiment presented to me is regarding virtual reality technology and its role in

learning. Should I participate, I may be asked to watch informational videos and use virtual reality technology as well as a touchscreen device. I have been asked to participate in the experiment as a research subject.

**I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study**

**Print Name of Participant** \_\_\_\_\_

**Signature of Participant** \_\_\_\_\_

**Date** \_\_\_\_\_  
Day/month/year

*If illiterate <sup>1</sup>*

**I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.**

**Print name of witness** \_\_\_\_\_  
**participant**



**Signature of witness** \_\_\_\_\_

**Date** \_\_\_\_\_  
Day/month/year

**Statement by the researcher/person taking consent**

**I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:**

- 1. The participant will either watch informational videos or use a virtual reality device.**
- 2. The participant will be asked to perform procedures on a touchscreen device.**

**I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.**

**A copy of this ICF has been provided to the participant.**

**Print Name of Researcher/person taking the consent** \_\_\_\_\_

**Signature of Researcher /person taking the consent** \_\_\_\_\_

**Date** \_\_\_\_\_  
Day/month/year

<sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.