

INFORMED CONSENT

Study Administrator is: **Participant is: (print name and address)**

[Company name]
[Address]

This is a study about a Web site intended for people who **[brief description of audience]**. Our goal is to make the Web site appealing, intuitive, and user-friendly. Your participation will help us accomplish this goal.

In this session, you will be working with a prototype of the Web site. We'll ask you to try several things that people might typically do on this site, such as **[brief description of 1 or 2 tasks]**. Several members of the development team will sit in the same room, quietly observing the session and taking notes. We are scheduling another person to participate in the same session with you, but if this other person cannot attend for some reason, you may be the only participant in your time slot. A session facilitator will sit near you and help you if you are stuck or have questions.

All information we collect concerning your participation in the session belongs to **[company]** and will be used for our internal business purposes. We will not videotape or audio tape the session. We may publish our notes from this and other sessions in internal reports, but all such observations will be confidential and will not include your name. We will not ask you to purchase anything during this session, and entering any of your personal information will be optional.

This is a test of the Web site—we are not testing you! We want to find out what aspects of the Web site are confusing so that we can make it better.

To the best of our knowledge, there are no physical or psychological risks associated with participating in this study. You will receive a check for **[\$amount]** at the beginning of the session, which will last approximately **[length]**. You may take breaks as needed and may stop your participation in the study at any time.

Statement of Informed Consent

I have read the description of the study and of my rights as a participant. I voluntarily agree to participate in the study.

Print Name: _____

Signature: _____

Date: _____

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