



Consent Form for Minors

History of the Census: Sights and Sounds Web site

Each year the Census Bureau conducts many different usability studies of its public Web sites. For example, the Census Bureau routinely tests the wording, layout and behavior of online sites in order to provide the best possible experience for visitors.

In order to have a complete record of your child's comments, his/her usability session will be audio taped. We plan to use the tapes to improve the design of the Web site. Staff directly involved in the research project will have access to the tapes. Your child's participation is voluntary, and his/her comments will remain strictly confidential.

This study is being conducted under the authority of Title 13 USC. The OMB control number for this study is 0607-0725. This valid approval number legally certifies this information collection.

I have agreed to allow my child, _____(CHILD'S NAME) to participate in this Census Bureau Web site design study, and I give permission for his/her tapes to be used for the purposes stated above.

Parent's or Guardian's Signature

Researcher's Signature

Printed Name

Printed Name

Date

Date



Assent Form for Minors

History of the Census: Sights and Sounds Web site

You are here today to help us categorize some items on our History of the Census: Sights and Sounds Web site. You will be asked to sort items for the Web site in a way that makes sense to you. There is no wrong way to sort the items. By working with us on this project, you are helping us design the History of the Census Web site. When you are done sorting the items, I will ask you questions about the items you sorted. The whole session will take approximately one hour, and your parent or guardian will receive \$40 for your participation.

Your session will be audio taped so we can get accurate feedback of your comments and suggestions. Only those of us working on the project will review the tapes.

You may change your mind at any time and stop working with us, or you can ask any questions you like. If you have problems of any kind, please let us or your parent or guardian know right away.

Check this box if you agree to participate

Participant's Signature

Researcher's Signature

Printed Name

Printed Name

Date

Date