



EXPRESSIVE ROBOTICS STUDENT QUESTIONNAIRE

This general info form should be completed by the student attending the camp (not their parents) and returned with the registration form. Please print clearly.

Name: _____

Age in July 2016: _____

Expressive Robotics is a two week middle/high school aged summer camp focused on the development of robotic behaviors through programming and design, in a collaborative team setting. Expressive Robotics offers a new approach to robotics. The camp was designed for visual artists, DIY hobbyists and young makers, as well as students interested in computer sciences, programming and engineering. The core of the camp is interdisciplinary and is based on the principles of STEAM (Science, Technology, Engineering, Arts, and Math) curriculum. Students will experience programming and code through exercises in body movement, flow charts, pseudo code creation, and more. Emphasis on stimulating innovation through imaginative thinking and artistic practice will be conveyed throughout the camp. Students will learn Arduino programming and build using VEX Robotics parts with other everyday materials and objects.

1. Would you consider yourself more like an artist or an engineer or both?
2. There are many art mediums. If you are making art, what art medium would you prefer to use (i.e., video, painting/drawing, sculpture, music, dance, graphic design, etc.) and why?
3. Engineers specialize in many different areas. If you were an engineer, what area of engineering would most interest you (i.e., mechanical, electrical, systems & processes, scientific, etc.) and why?
4. What are your favorite subjects in school?
5. What computer software are you familiar with (Photoshop, Word, Excel, etc.)?
6. Do you have previous experience in programming or robotics? If yes, please describe.
7. Why do you want to attend Expressive Robotics, and what do you hope to learn? What do you think Expressive Robotics is about and what do you think you will be doing? (Please be detailed in your answer so we can learn about you and better your experience at Expressive Robotics.)

**WAIVER: MAIL OR DELIVER TO
UC IRVINE STAFF ON THE FIRST DAY OF PROGRAM**

**MAIL TO:
Beall Center for Art + Technology
229 Mesa Art Building
Irvine, CA 92697-2775**

EXPRESSIVE ROBOTICS

Student Name (please print clearly): _____
Session Date(s): _____

UNIVERSITY OF CALIFORNIA, IRVINE
2016 Expressive Robotics at the Beall Center for Art + Technology
Program Location: 712 Arts Plaza, Irvine, CA 92697

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Expressive Robotics at the Beall Center for Art + Technology, (hereinafter referred to as the "Activity") I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Activity.

Printed Name of Parent/Guardian of Minor	Signature of Parent/Guardian of Minor	Date
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Assumption of Risks: Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

In the event of an accident, illness, or injury, and the person listed above cannot be reached; I hereby give UC Irvine personnel permission to take action as deemed necessary by them in the best interest of my child. I understand that the UC Irvine staff reserve the right to terminate the participation of any student for any legal reason, i.e. lack of participation, disruptive behavior.

UC Irvine staff will not administer medication to students without parent's prior written request accompanied by a doctor's prescription. Parents/Guardians are responsible for notifying UC Irvine staff regarding any child's medical conditions, special needs, etc., in writing at least 1 week prior to the first day of the program.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor	Date	Participant's Age (if minor) _____
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**University of California, Irvine
Consent to Photograph**

The undersigned hereby authorizes the University of California, Irvine to photograph & videotape, or permit other persons to photograph & videotape:

(Name of student)

and agrees that digital images, negatives, prints and/or videos may be used for printed marketing materials, social media, and on the UC Irvine website.

The undersigned hereby agrees to hold harmless the University of California, its officers, agents and employees, from any liability resulting from or arising in connection with the taking, publication and release of photographs or videos pursuant to this agreement.

Signature of individual/parent/guardian

Relationship (if other than individual)

Date

STUDENT SIGN-IN/OUT AUTHORIZATION:

My child (name) _____ has permission to:

Sign themselves in and out of the Expressive Robotics Camp:
July 11 – July 22, 2016 (Session 1) YES / NO (Circle one) and/or
August 1 – August 12, 2016 (Session 2) YES / NO (Circle one)

Leave the camp during lunch time to eat out, and return to the camp after lunch when camp session starts back. Note that there are restaurants on campus and across the street at the University Town Center. YES / NO (Circle one)

Parent/Legal Guardian (Printed name)

Phone

Parent/Legal Guardian (signature)

Date

**UC IRVINE – BEALL CENTER ROBOTICS CAMP
MEDICATION AUTHORIZATION**

CAMP SESSION DATES _____

PARENT’S NAME _____

EMERGENCY PHONE NUMBER(S) _____

CHILD’S NAME _____

NAME OF DRUG _____

DOSAGE _____ TIME TO BE ADMINISTERED _____

I give my permission for the above-described medication to be given to my child at the above-listed times by the authorized center staff.

Parent/Guardian Signature

Date

DOSAGE LOG FOR THE WEEK OF _____

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
The Five RIGHTS	Please Confirm	Verified By	Please Confirm	Verified By	Please Confirm	Verified By	Please Confirm	Verified By	Please Confirm	Verified By
CHILD										
MEDICATION										
DOSAGE										
TIME										
METHOD										

NOTE: A new form needs to be completely filled out each week if you want us to continue giving your child this medication.

HEALTH CONCERNS AND PARENT MESSAGE:

Camper's Name _____ Age _____ Dates of Camp _____

Parent's Name _____ Emergency Phone # _____

Message from Parent: _____

Medications, if any: _____

Primary Physician's Name & Phone Number: _____

Insurance Carrier name/phone #: _____

Insurance policy #: _____

**UNIVERSITY OF CALIFORNIA, IRVINE CONSENT TO
ACT AS A HUMAN RESEARCH SUBJECT**

STEAM: The Impact of Teaching Expressive Movement in a Robotics Curriculum

You are being asked to participate in a research study. Participation is completely voluntary. Please read the information below and ask questions about anything that you do not understand. A researcher listed below will be available to answer your questions.

RESEARCH TEAM

Lead Researcher

Viet Vu
School of Education
vqv@uci.edu

Samantha Youngmans, Programs Director
Beall Center for Art + Technology
syoungma@uci.edu, 949-824-6206

David Familian, Artistic Director and Curator
Beall Center for Art and Technology
dfamilia@uci.edu

Kreshnik Begolli
School of Education
kbegolli@uci.edu

STUDY LOCATION(S):

University of California at Irvine
Beall Center for Art + Technology, UC Irvine

WHY IS THIS RESEARCH STUDY BEING DONE?

The purpose of this research study is to evaluate a curriculum design that incorporates art instruction with a robotics curriculum.

HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?

This study will enroll approximately 26 participants. You are eligible to participate if you are a student in the Expressive Robotics Summer Program sponsored by the Beall Center for Art and Technology. All study procedures will be done at UCI.

WHAT PROCEDURES ARE INVOLVED WITH THIS STUDY AND HOW LONG WILL THEY TAKE?

Students enrolled in the Expressive Robotics Summer Program will take a survey at the beginning and at the end of the two-week program. If you agree to participate in the study, data from your survey and computer program codes written in class will be collected by the researchers to be analyzed. Additionally,

all students will be asked to return for post-program interviews. The interviews will take place during the summer and will be scheduled at a time that is mutually convenient for the students and researchers.

You must meet the following requirements to be in the study: A student enrolled in Expressive Robotics Summer Camp at UCI, and can understand the language herein this consent form.

WHAT ARE THE POSSIBLE DISCOMFORTS OR RISKS RELATED TO THE STUDY?

There are no known harms or discomforts associated with this study beyond those encountered in normal daily life.

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

Participant Benefits

You will not directly benefit from participation in this study.

Benefits to Others or Society

The information gained from this research is intended to help educators and policymakers structure STEM/STEAM based curriculum and activities.

WILL I BE PAID FOR TAKING PART IN THIS STUDY?

You will not be compensated for your participation in this research study.

WHAT HAPPENS IF I WANT TO STOP TAKING PART IN THIS STUDY?

You are free to withdraw from this study at any time. **If you decide to withdraw from this study you should notify the research team immediately.**

HOW WILL MY PERSONAL INFORMATION BE KEPT?

Subject Identifiable Data

Identifiable information collected about you will be removed and replaced with a code. A list linking the code and your identifiable information will be kept separate from the research data.

Data Storage

Research data will be maintained in a secure location at UCI. Only authorized individuals will have access to it. Research data will be stored electronically on a secure laptop in an encrypted file with password protection.

Data Retention

The researchers intend to keep the research data indefinitely.

WHO WILL HAVE ACCESS TO MY STUDY DATA?

The research team, authorized UCI personnel, and regulatory entities such as the Office of Human Research Protections (OHRP), may have access to your study records to protect your safety and welfare.

Any information derived from this research project that personally identifies you will not be voluntarily released or disclosed by these entities without your separate consent, except as specifically required by law. Study records provided to authorized, non-UCI entities will not contain identifiable information about you; nor will any publications and/or presentations without your separate consent.

While the research team will make every effort to keep your personal information confidential, it is possible that an unauthorized person might see it. We cannot guarantee total privacy

ARE THERE OTHER ISSUES TO CONSIDER IN DECIDING WHETHER TO PARTICIPATE IN THIS STUDY?

No one on the study team has a disclosable financial interest related to this research project.

WHO CAN ANSWER MY QUESTIONS ABOUT THE STUDY?

If you have any comments, concerns, or questions regarding the conduct of this research, please contact the research team listed at the top of this form.

Please contact UCI's Office of Research by phone, (949) 824-6662, by e-mail at IRB@research.uci.edu or at 5171 California Avenue, Suite 150, Irvine, CA 92617, if you are unable to reach the researchers listed at the top of the form and have general questions; have concerns or complaints about the research; have questions about your rights as a research subject; or have general comments or suggestions.

HOW DO I AGREE TO PARTICIPATE IN THIS STUDY?

You should not sign this consent form until all of your questions about this study have been answered by a member of the research team listed at the top of this form. You will be given a copy of this signed and dated consent form to keep. **Participation in this study is voluntary.** You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. Your decision will not affect your future relationship with UCI or your quality of care at the UCI Medical Center.

Your signature below indicates you have read the information in this consent form and have had a chance to ask any questions you have about this study.

I agree to allow my minor child participate in the study.

Printed Name of Subject

Printed Name of Parent or Legal Guardian

Signature of parent or legal guardian

Date

Printed Name of Researcher

Researcher Signature

Date



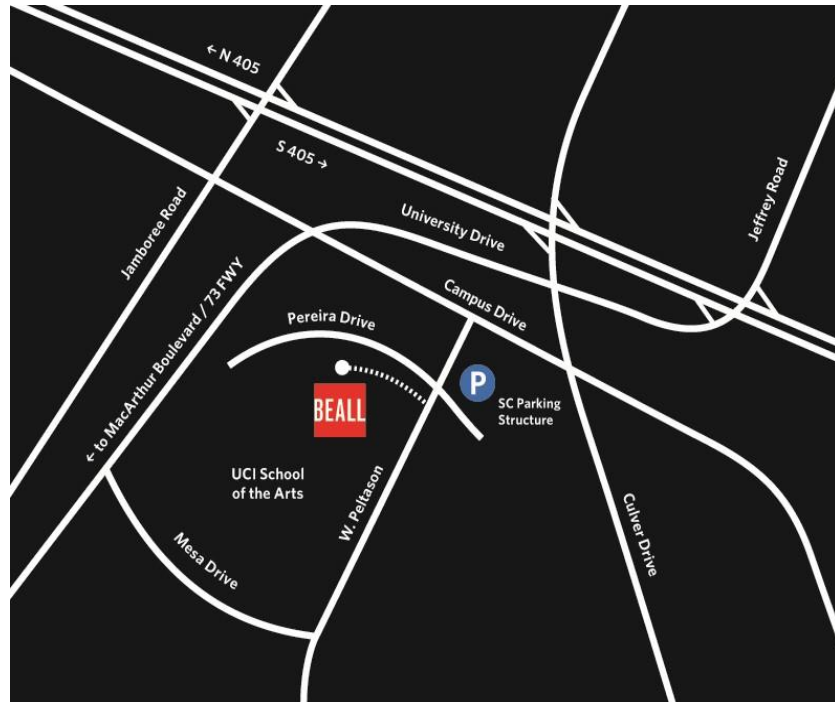
Donald R. and Joan F. Beall
Center for Art + Technology
University of California, Irvine

2016 Directions to Summer Robotics Camps at The Beall Center, 712 Arts Plaza, UC Irvine, CA 92697

EXPRESSIVE ROBOTICS:

DROP-OFF 9:45am – 10am

PICK-UP 3:45pm – 4pm



Driving From North of UCI:

Take the 405 South - Exit Jamboree – turn right on Jamboree
Left on Campus, Right on West Peltason.

Driving From South of UCI:

Take the 405 North - Exit University/Jeffrey – turn left on University Drive
Left on Campus, Right on West Peltason.

You may drop-off and pick-up your child in front of the Beall Center without having to park:

From West Peltason take your second right up the Fine Arts Service Road (marked by the dotted line on the map above). Please be safe and mindful of other drivers and children walking to the Beall Center. And remember that you **MUST SIGN YOUR CHILD IN** and **OUT**.

PARKING ON CAMPUS: From West Peltason turn Left on Pereira

Park at Student Center Parking Structure and walk to the Beall Center.

UCI Parking Fees range from metered parking at \$2/hour to \$10 all day (and are subject to change).

Walking to the Beall from the Student Center Parking Structure: Exit the Parking lot, cross West Peltason at the cross walk, and walk up the Fine Arts Service road to the Beall Center. The Beall is the large red building at the top of the hill.