

# PURDUE

UNIVERSITY

DEPARTMENT OF COMPUTER AND INFORMATION TECHNOLOGY

4/28/2009

Dear :

Congratulations on your selection for the 2009 SPIRIT program! I am writing to inform you that you must complete and return the required paperwork and a \$25 deposit by May 30, 2009, in order to secure your spot in the program. Our residential program for students is Monday, July 13 through Friday, July 17. Check-in/registration is 3:30-5:00 pm on Sunday, July 12 in the Shreve Hall Lobby (1275 Third Street, West Lafayette, IN 47906-4268). Check-out is 2:00-4:00 pm on Friday, July 17 in the Shreve Hall Lobby.

Enclosed with this letter is general information about the program logistics. Please review the information and complete all of the forms and return to me (I will forward the forms to the appropriate parties at Purdue). In addition, please provide a recommendation letter from your high school guidance counselor or a teacher on school letterhead (a sample letter is included that you should share with your counselor/teacher). A \$25 deposit should also be submitted to secure your spot. It will be fully refunded after your full attendance in SPIRIT activities and return of the room key upon departure. Late arrivals or early departures will forfeit their deposit as well as receive reduced stipends from the program. **All of these materials should be returned to me no later than May 30, 2009.** Be sure to keep a copy of everything you send us for your records. Additional program information will be posted to the SPIRIT website.

In the event that you are no longer available or interested in participating in SPIRIT this year, please notify me via email or telephone within one week so that we can fill your spot with a student who is on the waiting list.

We look forward to your participation in SPIRIT 2009. If you have additional questions about the program, please contact me via email or phone.

Sincerely,



Alka Harriger  
Professor and Assistant Department Head  
SPIRIT Program Manager

- Attachments:      Program Logistics Information (Use checkboxes to make sure all required forms are returned)
- Acceptance Form (with reminder about deposit)
  - Restricted Pick-Up List for Students Under 18 years
  - Attendance Policy
  - Behavior Contract
  - Dress Code Contract
  - Demographic Form
  - Photographic and Video/Film Release Form
  - Form 6657-09YR-EBK
  - Sample support letter from counselor/teacher
  - Assent Form (Students)
  - Research Participation Consent Form - Parents





## Program Logistics Information:

- Three meals per day (breakfast, lunch, and dinner) will be provided.
- You may bring snacks (e.g. chips, juice, etc.) to keep with you in your room.
- You will be assigned to a double, air-conditioned room in Shreve Hall (<http://www.housing.purdue.edu/HTML/HOUSShreve.htm>). Roommates are assigned randomly by SPIRIT staff, and individual requests cannot be guaranteed.
- You will receive one day's stipend after full participation in Monday's program. The balance will be provided upon satisfactory completion of the residential, one-week camp.
- You may wish to bring some additional spending money to purchase snacks and/or souvenirs.
- All participants will have passes to the university's Recreational Sports Facility (<http://www.purdue.edu/RecSports/>) for the duration of the program.
- You should bring clothing to last for five days. Dress comfortably. Some classrooms may be fairly cool. You will be doing considerable walking from the residence hall, classrooms, labs, and other activity rooms, so plan accordingly.
- Suggested items to pack include:
  - t-shirts/shirts/tops
  - slacks, jeans, shorts
  - socks
  - athletic/gym shoes
  - comfortable walking shoes (can be the same as above)
  - undergarments
  - shower slippers
  - swimsuit (optional)
  - exercise clothes (optional)
  - nice outfit for last day – awards
  - watch (optional)
  - alarm clock (optional)
  - soap
  - shampoo
  - toothbrush
  - toothpaste
  - washcloths
  - towels
  - book bag
  - raincoat or umbrella
  - water bottle
  - flashlight (optional)
  - laptop (optional)
- The university and SPIRIT staff are not responsible for anything that you bring that may be lost, stolen, or damaged.
- Use of cell phones and laptops is not permitted during the daily program.
- Your badge will be your admission into program activities. You must wear it at all times during the program such that SPIRIT staff and presenters can view your name easily.
- Please read and follow all residence hall policies.
- Purdue University is an alcohol-free campus.



Surprising Possibilities Imagined & Realized through Information Technology

### SPIRIT Program for High School Students Acceptance Form

Please verify that the information below is accurate. If not, make changes as needed.

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Information/Special Needs/Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you can demonstrate financial hardship and need assistance arranging travel, please explain your circumstances: \_\_\_\_\_  
\_\_\_\_\_

I verify that all of the information above is correct. I further verify that I have read all of the information in this packet and agree to follow all program rules. I enclose a \$25 check made out to Purdue SPIRIT Program as a deposit to secure my acceptance in the program. I understand that this will be fully refunded after my participation in the complete SPIRIT program. I also understand that in the event that I arrive late or leave early, I will forfeit this deposit as well as an appropriate portion of the daily stipend.

\_\_\_\_\_  
Signature Date











SPIRIT's Demographic Form for \_\_\_\_\_ @ \_\_\_\_\_

The information requested on this form is to assist the program's external evaluator create a demographic profile of our students and parents. The information is confidential and none of this personal information will be reported in such as way as to identify you or your child individually.

- 1. Median household income where child lives is \$\_\_\_\_\_/year.
2. Child's parents \_\_\_\_\_married \_\_\_\_\_separated \_\_\_\_\_divorced
3. Child lives with (mother, father, aunt, grandparent(s), other guardian)
4. Child's grade in school on September 2009 \_\_\_\_\_ and expected graduation date \_\_\_\_\_
5. Describe child's previous computing experience, including level: \_\_\_\_\_
6. Describe child's current plans for college (attendance, schools considered, major, etc.) \_\_\_\_\_

For items 7-12 below, please answer yes, no, or not known (NK).

Table with 3 columns: Question, Child's Father, Child's Mother. Rows 7-12: Completed high school, Completed Trade School, Completed Associates degree, Completed Bachelor's degree, Completed Master's Program, Completed Terminal Degree.

- 13. Mother's Occupation \_\_\_\_\_
14. Father's Occupation \_\_\_\_\_
15. Child's Birth Date \_\_\_\_\_
16. Childs Gender \_\_\_\_\_ Male \_\_\_\_\_ Female
17. Child's Ethnicity \_\_\_\_\_
18. Ethnicity of Mother \_\_\_\_\_ Ethnicity of Father \_\_\_\_\_
19. Birth Year of Mother \_\_\_\_\_ Birth Year of Father \_\_\_\_\_
20. Number of siblings \_\_\_\_\_



Surprising Possibilities Imaged &  
Realized through Information Technology

## Use of Photographic and Video/Film Release Form

### What are release forms?

Releases give a university permission to use a person's likeness in photos, videos, CD-ROMs, websites, remarks gathered from an interview, etc. These forms document that the person or people in a photo, video, recording, or interview, etc. have consented to allowing the university use their image, likeness, remarks, or voice in promotional materials.

### Why are releases necessary?

All states have laws protecting the privacy of individuals. These laws say that no one has the right to use another person's picture or voice for commercial (promotional, advertising, endorsing) purposes without permission. The only exceptions are when the picture or voice contributes legitimately to the prompt reporting of a news story, when people have placed themselves in the "public light" where there is no expectation of privacy (athletic events, public gatherings, concerts, etc.), or when they are indistinguishable in a large crowd. Images used for instructional projects don't require release forms as long as the photos are not later used for promotion or advertising on behalf of the university.

These privacy laws extend to certain other areas, as well. We need to get permission when photographing someone's house, business, pets, furnishing or any trademarked or copyrighted items in the picture. These may include logos, products, books, materials, CDs, posters, etc.

---

### Who makes sure the release is signed?

The photographer, person directing the "photo shoot" or person doing the recording is responsible for getting a signed release. All consent forms should be forwarded to the marketing services department to be filed for future reference.

### Who owns the image?

The photographer or recorder, the organization employing the photographer or recorder owns the photo, negative, computer image, or recording.

### What about people under the age of 18?

Individuals under the age of 18 need the signature of a parent or guardian. Parents or guardians need to sign the consent form before the photo of the minor is taken.

If you have questions, please call my office at (765) 494-2565.

Alka Harriger, Professor  
Assistant Department Head  
SPIRIT Program Manager ([www.ITPossibilities.org](http://www.ITPossibilities.org))  
Computer and Information Technology (CIT)  
Purdue University  
Knob Hall of Technology, Room 243  
401 N. Grant Street  
West Lafayette, IN 47907-2021  
Ph: (765) 494-2565  
Fax: (765) 496-1212  
Email: [harrigea@purdue.edu](mailto:harrigea@purdue.edu)  
URL: <http://www.tech.purdue.edu/cit/faculty/arharriger>

This material is based upon work supported by the National Science Foundation under Grant No. DRL-0737679. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the National Science Foundation.

---

Return to Alka Harriger, SPIRIT PI, CIT Dept, Knob 243, West Lafayette, IN 47907; Phone: 765-494-2565; Fax: 765-496-1212



Surprising Possibilities Imagined & Realized through Information Technology

Photographic and Video/Film Release Form Purdue University – West Lafayette

I consent to interview(s), photography, videotaping and its/their release, publication, exhibition, or reproduction to be used for public relations, news articles or telecasts, education, advertising, research, inclusion on the university website, fund raising, or any other purpose by the university and/or its affiliates. I release the above mentioned university, their officers and employees, and each and all persons involved from any liability connected with the taking, recording, or publication of said interviews, photographs, slides, computer images, videotapes, or sound recordings. I also consent to release personal information to our funding agency for evaluation purposes only.

I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, televising, or other publication of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, or other publication irrespective of whether a fee for admission or film rental is charged. I also waive any right to inspect or approve any photo, video, or film taken by the university, or the person or entity designated it by it. I release and discharge the university and/or its affiliates(s) from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of the pictures, or in any processing toward the completion of the finished product. All negatives and positives, whether prints video, film, or sound recording are the property of the university, or the person or entity designated by it, solely and completely.

I declare that I am eighteen (18 years old or older and am legally competent to execute this release or that I have acquired the written consent of my parent or guardian). I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have voluntarily signed this document.

I have fully informed myself of this consent, waiver of liability, and release before signing it.

Subject's Name (Last) (First) (MI) ID#

Subject's Address Phone

Subject's Major

Signature of Subject Date

If Subject is under 18, the parent or legal guardian, if any, must sign.

Parent/Guardian Name Phone

Signature of Parent/Guardian Date

Address

Witness Signature

Witness Name (Please Print)

List anticipated uses, i.e. brochure, display board, website, etc.:

This material is based upon work supported by the National Science Foundation under Grant No. DRL-0737679 Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the National Science Foundation.

Return to Alka Harriger, SPIRIT PI, CIT Dept, Knoy 243, West Lafayette, IN 47907; Phone: 765-494-2565; Fax: 765-496-1212

**Purdue University Medical Authorization for Treatment of a Minor (persons under 18 years)**

# Surprising Possibilities Imagined and Realized through Information Technology

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

School \_\_\_\_\_

E-mail \_\_\_\_\_

**Because stipends are being paid, your Social Security Number is required:**

SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DEPOSIT PAYMENT METHOD:**

- Total /Deposit Enclosed: \$ \_\_\_\_\_
- Check payable to: **Purdue University**
- Credit card: MasterCard Visa Discover American Express

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Cardholder's Name (please print)**  
\_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

Pursuant to Indiana Code Paragraph 16-36-1-6, I request and authorize the Purdue University Student Health Center, Purdue University Ambulance Service, Home Hospital, and St. Elizabeth Hospital medical personnel, agents, and employees to provide all reasonably necessary medical care advisable for the health of my child, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, evaluation and treatment by physicians, including surgery, and prescription drugs. I acknowledge that no representations, warranties, or guarantees can be made with respect to any medical care or treatment provided.

I also understand that, as a result of my child's participation in this program, it will be necessary for supervisors, coaches, residence hall personnel, and others involved with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Further, I hereby grant permission for my child:

\_\_\_\_\_  
**Minor's Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
to attend Surprising Possibilities Imagined and Realized through Information Technology (SPIRIT) by signing below. **A signature from one or both parents/legal guardians and a witness signature is required.**

\_\_\_\_\_  
**Signature Parent/Legal Guardian (required)**

\_\_\_\_\_  
**Signature Parent/Legal Guardian/Witness (required)**

**PHYSICIAN APPROVAL**

I have examined \_\_\_\_\_  
and found him/her to be healthy to compete in general recreational activities of his/her choosing during the SPIRIT.

Medical Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

(If date not supplied, child may be required to obtain a tetanus shot if injured.)

**Physician's Signature** \_\_\_\_\_

Phone \_\_\_\_\_

**EMERGENCY CONTACT**

**Contact First - Name** \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Day Phone \_\_\_\_\_

Night Phone \_\_\_\_\_

**Contact Second - Name** \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Day Phone \_\_\_\_\_

Night Phone \_\_\_\_\_



*Purdue University is an equal access/equal opportunity university.*

# SAMPLE SUPPORT LETTER FROM COUNSELOR/TEACHER

Please print on school letterhead. Text denoted in the format **XXX** should be revised as needed.

Alka Harriger, Professor  
SPIRIT Program Manager  
Computer and Information Technology Department  
401 N. Grant Street  
Knob Hall, Room 243  
Purdue University  
West Lafayette, IN 47907-2021

Dear Prof. Harriger:

I am happy to recommend XX as a XX student who may benefit from learning about careers in Information technology (IT). I have known XX for xx years in my role as his/her GuidanceCounselorOrTeacherOfSubject. S/he is a good/average student with an overall GPA of x.xx/4.0. AdditionalComments

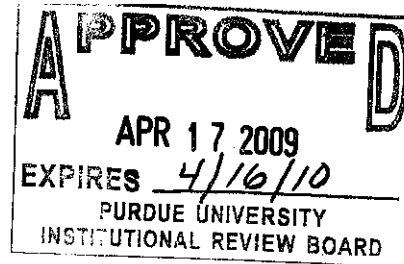
If you have any questions about this recommendation, the best way to reach me is EmailAddressOrPhone.

Sincerely,

*Signature*

NameOfReference  
Title

# Assent Form



Project Title: Surprising Possibilities Imagined and Realized through Information Technology

Investigator(s):

Alka R. Harriger	CIT Dept, Knoy Hall, 49-42565, 49-61212, harrigea@purdue.edu
H. E. Dunsmore	CS Dept, LSWN Hall, 49-41996, bxd@purdue.edu
Kyle D. Lutes	CIT Dept, Knoy Hall, 49-45125, 49-61212, kdLutes@purdue.edu
Barbara M. Moskal	Colorado School of Mines, 303-273-3867, bmoskal@mines.edu

We are doing a research study. A research study is a special way to find out about something. We want to find out what you know about computing careers and whether you like working with computers.

You can be in this study if you want to. If you want to be in this study, you will be asked to complete two surveys. One will be completed at the beginning of the course and one at the end. You will also be asked to fill out questionnaires concerning your feelings about computers as well as about your opinions about program activities. You will also participate in interviews and/or focus group discussions. You will not get a grade for any activities related to this study. But you should know that completing these surveys, questionnaires, interviews, and focus group discussions will take a good bit of your time during the program.

If you decide to be in this study, some good things might happen to you. You could learn more about how computers can be used in fun and useful ways in many different areas. You could also learn that there are many more types of jobs you could get if you know about using computers. But we don't know for sure that these things will happen. We might also find out things that will help other children some day.

When we are done with the study, we will write a report about what we found out. We won't use your name in the report.

You don't have to be in this study. You can say "no" and nothing bad will happen. If you say "yes" now, but you want to stop later, that's okay too. No one will hurt you, or punish you if you want to stop. All you have to do is tell us you want to stop.

If you want to be in this study, please print your name and sign below: \_\_\_\_\_  
Your name (printed)

I, \_\_\_\_\_, want to be in this research study. Date: \_\_\_\_\_  
(sign your name here)

\_\_\_\_\_  
Investigator signature

\_\_\_\_\_  
(Date)

Research Project Number DRL-0737679

**RESEARCH PARTICIPANT CONSENT FORM - PARENTS**

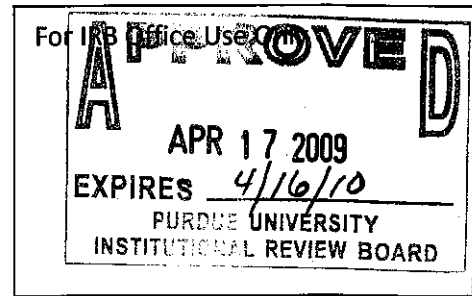
Surprising Possibilities Imagined and Realized through Information Technology (SPIRIT)

Comprehensive Project for Students and Teachers

Alka R. Harriger, Professor and Assistant Department Head

Purdue University

Computer and Information Technology Department



**Purpose of Research:** The Alice 3D software introduces computer programming in an approachable and entertaining manner. It can be used to design dynamic storyboards to communicate and convey knowledge. This project will inform participants through career presentations and hands-on activities, including the use of Alice, of the broad range of interesting and rewarding career opportunities in Information Technology. The purpose of this project is to determine whether this experience will promote their interest in the computing disciplines, including information technology and computer science.

**Specific Procedures to be Used:** Each day of the SPIRIT summer camp for high school students may include 1) listening to a dynamic guest speaker who will share how IT supports his/her job in science, technology, engineering, or math (STEM); 2) completing a supervised, hands-on Alice activity; 3) completing another fun, educational, interactive activity using different technology; and 4) designing an Alice storyboard individually or in a team. Closing ceremonies on the last day will give participants an opportunity to demonstrate their individual/team Alice storyboards and receive their certificates of completion. Parents are invited to the closing ceremonies. Assessments will include: a pre and post content assessment, questionnaires about project participation, and surveys about attitudes toward computing. During the school year, your child may be sent via email or postal mail one more questionnaire.

**Duration of Participation:** One week.

**Risks to the Individual:** The risk to participants is minimal and is no greater than every day activities.

**Benefits to the Individual or Others:** There are no direct benefits to participants. However, there are some indirect benefits. By attending the summer program, the participants may see directly that IT can support science, technology, engineering, and math disciplines in interesting and useful ways. By watching and talking to successful women in IT, the participants may learn that a career in IT can be exciting and rewarding. By learning to use the Alice software, participants may experience the excitement of programming in a 3D learning environment.

**Compensation:** Student participants will receive \$50 per day of participation.

**Extra Costs to Participate:** All costs, including transportation during the program, meals, housing, and activities are covered by the program. The participant is responsible for travel costs to the Purdue campus before the program begins and for travel costs from the Purdue campus after the program ends. There are no additional costs to participate in the program; however, participants must submit a \$25 deposit to secure their acceptance. This deposit will be fully refunded after completion of the entire program. Participants that arrive late or leave early for any portion of the program are subject to forfeiture of the deposit.

**Confidentiality:** The project's research records may be inspected by the Purdue University Institutional Review Board or its designees and the National Science Foundation to ensure that participants' rights are being protected. Parents have the right to review research records involving their children. Your child's name, address and social security number will be given to a Purdue University business office for the purpose of facilitating payment; however, his/her individual responses for any part of this study will remain confidential. My child will be given a unique number at the start of the program to use in completing all surveys and questionnaires. This number will be associated with his/her responses; however, no personally-identifying information about him/her will be stored with the research data. Select project staff will code the data when storing it in computer files for the purposes of rendering anonymity to the responses. Coded data will be preserved for the duration of the SPIRIT program, including any extensions based on additional future support.

**Voluntary Nature of Participation:** Your child does not have to participate in this research project. If you agree that your child may participate, you can withdraw your child's participation at any time without penalty. However, if withdrawal occurs prior to the end of the program, the deposit will be forfeited.

**Contact Information:** If I have any questions about this research project, I can contact the Principal Investigator, Alka Harriger, Purdue University, at 765-494-2565 or the External Evaluator, Barbara M. Moskal, Ed.D., Colorado School of Mines, at 303-273-3867. If I have concerns about the treatment of research participants, I can contact the Committee on the Use of Human Research Subjects at Purdue University, Ernest C. Young Hall, 10th Floor- Room 1032, 155 S. Grant Street, West Lafayette, IN 47907-2114. The phone number for the Committee's secretary is (765) 494-5942. The email address is irb@purdue.edu.

I HAVE HAD THE OPPORTUNITY TO READ THIS CONSENT FORM, ASK QUESTIONS ABOUT THE RESEARCH PROJECT AND GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THIS PROJECT.

\_\_\_\_\_  
Parent's/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Legal Guardian's Full Name (please print or type)

\_\_\_\_\_  
Child's full name (please print or type)

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_  
Date