

Human Participants Form (4)

Required for all research involving human participants not conducted at a Registered Research Inst. (IRB approval required before experimentation.)

Student's Name(s) _____ Title of Project _____

Adult Sponsor _____ Contact Phone/Email _____

Must be completed by Student Researcher(s) in collaboration with the Adult Sponsor/Designated Supervisor/Qualified Scientist:

1. I have submitted my Research Plan which addresses ALL areas indicated in the Human Participants Section of the Research Plan Instructions.
2. I have attached any surveys or questionnaires I will be using in my project.
 - Any published instrument(s) used was /were legally obtained.
3. I have attached an informed consent that I would use if required by the IRB.
4. Yes No Are you working with a Qualified Scientist?
 Name: _____ Degree: _____
 Email Address/Phone Number: _____
 Experience/Training as it relates to this project: _____

Must be completed by Institutional Review Board (IRB) after review of the research plan. The submitted Research Plan must address all areas indicated on the Human Participants section of the Research Plan Instructions. Check one of the following:

- Research project requires revisions and is **NOT approved** at this time. IRB will attach document indicating concerns and/or requested revisions.
- Research project is **Approved** with the following conditions below: (All 5 must be answered)
 1. Risk Level (check one) : Minimal Risk More than Minimal Risk
 2. Qualified Scientist (QS) Required: Yes No
 3. Written Minor Assent required for minor participants:
 - Yes No Not applicable (No minors in this study)
 4. Written Parental Permission required for minor participants:
 - Yes No Not applicable (No minors in this study)
 5. Written Informed Consent required for participants 18 years or older:
 - Yes No Not applicable (No participants 18 yrs or older in this study)

IRB SIGNATURES (All 3 signatures required) None of these individuals may be the adult sponsor, designated supervisor, qualified scientist or related to (e.g., mother, father of) the student (conflict of interest).

I attest that I have reviewed the student's project and agree with the above IRB determinations.

Medical or Mental Health Professional (a psychologist, psychiatrist, medical doctor, licensed social worker, licensed clinical professional counselor, physician's assistant, or registered nurse)

Printed Name	Degree/Professional License
Signature	Date of Approval

School Administrator

Printed Name	Degree/Professional License
Signature	Date of Approval

Educator

Printed Name	Degree/Professional License
Signature	Date of Approval