

Middle School - Human Participants Form (4)

This form is required for ALL projects involving human subjects and MUST be completed and approved by the IRB PRIOR to experimentation.

To be completed by the Student Researcher/Team Leader in collaboration with the Adult Sponsor.

Student's Name(s): _____

Project Title: _____

Adult Sponsor: _____ Email: _____

1. Attached to this form is the Research Proposal, which addresses ALL areas under the Human Subjects section of the Research Proposal Instructions (page 10).
2. This project **will** / **will not** include giving my human participants any surveys, questionnaires, tests, photos, videos, or other items to view or complete. If yes, a copy of ALL such materials MUST be submitted to the IRB for review.
3. This project **will** / **will not** include any published instrument(s) If yes, documentation of my permission to use such material is attached.
4. Attached is a copy of an Informed Consent Form that I/we will use, if required by the IRB.
5. I/We **will** / **will not** be working with a Qualified Scientist/Mentor. If yes, a copy of the Qualified Scientist/Mentor Form 2 is attached.

To be completed by the Institutional Review Board (IRB) after review of the research proposal. All questions must be answered for the approval to be valid. (DO NOT sign if not approved; return paperwork to the student with instructions for modifications.)

Approved with Full Committee Review (3 signatures required) and the following conditions (**ALL 5 must be answered to be valid**):

1. Risk Level (check one): Minimal Risk More than Minimal Risk
2. Qualified Scientist/Mentor Required: Yes No
3. Written Minor Assent/Parental Consent Required (if any participants are under the age of 18):
 es Not Applicable (no minors used in this study)
5. Written Informed Consent Required (for participants 18 years and older):
 Yes No Not Applicable (no participants over 18 used in this study)

I attest that I have reviewed the Student Researcher's project, that ALL of the above have been properly marked indicating the IRB determination and that I agree with the decisions. None of the individuals signing below may be the adult sponsor, designated supervisor, qualified scientist/mentor or a relative (mother, father, etc.) of the Student Researcher(s) (conflict of interest).

Medical (medical doctor, physician's assistant, doctor of pharmacy, registered nurse) or **Mental Health Professional** (psychologist, licensed social worker, licensed clinical professional counselor) with expertise related to this project.

Printed Name:	Degree/Professional License:
	Email:
Signature:	Date of Approval (must be PRIOR to experimentation):

Educator:

Printed Name:	Degree/Professional License:
	Email:
Signature:	Date of Approval (must be PRIOR to experimentation):

School Administrator: (school principal or assistant principal)

Printed Name:	Degree/Professional License:
	Email:
Signature:	Date of Approval (must be PRIOR to experimentation):