

## 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: \_\_\_\_\_

- ☐ Attached to this form is the Research Proposal, which addresses ALL areas under the Human Subjects section of the Research Proposal Instructions (page 10).
- 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.
- This project ☐ will / ☐ will not include any published instrument(s) If yes, documentation of my permission to use such material is attached.
- ☐ Attached is a copy of an Informed Consent Form that I/we will use, if required by the IRB.
- 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):**

- Risk Level (check one): ☐ Minimal Risk ☐ More than Minimal Risk
- Qualified Scientist/Mentor Required: ☐ Yes ☐ No
- Written Minor Assent/Parental Consent Required (if any participants are under the age of 18):  
☐ es ☐ Not Applicable (no minors used in this study)
- 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):