

Human Subjects Form (4)

Required for all research involving humans. IRB approval required before experimentation

Student's Name _____

Title of Project _____

To be completed by Student Researcher: (All questions are applicable and must be answered; additional page may be attached.)

1) Describe the purpose of this study and list all of the research procedures in which the subject will be involved. Include the duration of the subject's involvement. Attach any survey or questionnaire.

2) Describe and assess any potential risk or discomfort, and, if any, potential benefits (physical, psychological, social, legal or other) that may be reasonably expected by participating in this research.

3) Describe the procedures that will be used to minimize risk, to obtain informed consent and/or assent, and to maintain confidentiality.

For questions or concerns regarding this research, contact: _____ at _____.
Adult Sponsor Email/phone

To be completed by Institutional Review Board (IRB) prior to experimentation: Determination of risk, including physical and psychological risks.

Minimal risk where informed consent is recommended, but not required. Justification for waiver of informed consent for research with survey of subjects under the age of 18: _____

Minimal risk where informed consent is REQUIRED.

More than minimal risk where informed consent & a Qualified Scientist are REQUIRED

IRB SIGNATURES (a minimum of three signatures is required)

1) Medical Professional: (MUST circle one) (a psychologist, psychiatrist, medical doctor, licensed social worker, physician's asst., or registered nurse)

Member of IRB's Printed Name (including title) Signature Date of Approval

2) Science Teacher:

Member of IRB's Printed Name (including title) Signature Date of Approval

3) School Administrator:

Member of IRB's Printed Name (including title) Signature Date of Approval

To be completed by Human Subject:

(prior to experimentation)

I have read and understand the conditions and risks above and I consent/assent to voluntarily participate in this research study

I realize I am free to withdraw my consent and to withdraw from this study at any time without negative consequences.

I consent to the use of visual images (photos, videos, etc.) involving my participation in this research.

Signature

Date

To be completed by Parent/Guardian:

(Prior to experimentation and when participant is under 18 and informed consent is required)

I have read and understand the conditions and risks above and consent to the participation of my child.

I have reviewed a copy of any survey or questionnaire used in the research.

I consent to the use of visual images (photos, videos, etc.) involving my child in this research.

Signature

Date