



THE INSTITUTIONAL REVIEW BOARD (IRB)

Student Name: _____

Grade: _____ **Teacher:** _____

Title of Project: _____

Project Question: _____

Project Hypothesis: _____

I think this will happen because: _____

Single Variable Being Tested: _____

Brief Description of Project: _____

I will measure this experiment by (check ALL that applies):

Survey

Distance Measurement

Temperature

Time Measurement

Growth Measurement

Other (describe) _____

HUMAN SUBJECTS (To be completed by IRB)	ANIMAL SUBJECTS (To be completed by IRB)
Permission Slips needed? <input type="checkbox"/> Yes <input type="checkbox"/> No (Keep slips with the project)	Permission Slip needed by owner? <input type="checkbox"/> Yes <input type="checkbox"/> No (Keep slip with the project)
Check-up of Human Subjects needed by school nurse or doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Doctor's or nurse's report must be attached to back of project display.	Check-up by veterinarian required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Veterinarian's report before and after experimentation must be attached to back of project display.

Principal / Administrator Signature _____ Date Reviewed _____

School Nurse / Doctor Signature _____ Date Reviewed _____

Science teacher/Mentor Signature _____ Date Reviewed _____