



**Attachment Checklist** (Check only those items included):

Project Description (Project Description Section II)

Interview and/or survey questions (Project Description Section II)

Descriptive statement (cover letter) or verbal script introducing interview and/or survey questions (Research Operations Section III)

Copy of form used to obtain permission to acquire participants from different 'non-public' settings (Participant Population Section IV.B)

Approval letter for access to records (Participant Population Section IV.D)

%

**I. General Information:**

A. Name: \_\_\_\_\_

B. Email Address: \_\_\_\_\_

C. Phone #: \_\_\_\_\_

D. Mailing Address: \_\_\_\_\_  
(Please include a self-addressed stamped envelope if you wish to receive a hardcopy of the committee's decision)

E. Date of Application: \_\_\_\_\_

F. Dates of Project: From Date of Approval to \_\_\_\_\_ (not greater than 1 year)

G. Project Title: \_\_\_\_\_

**IV. Participant Population:**

A. T

**V. Informed Consent:**

Documentation of procedures for obtaining informed consent is required for approval of your research by the IRB (unless the project is approved as having exempt status, see Exempt IRB Protocol Form). You must employ one of the following formats for obtaining consent:

1. A **written consent document** embodying all of the basic elements of informed consent as outlined below. This may be read to the participant or to his/her legally authorized representative (e.g. parents in the case of minors), but in any event, s/he or his/her legally authorized representative must be given adequate opportunity to read it. This document is to be signed and dated by the participant or authorized representative. **A sample copy of the consent form must be attached.** The researcher should retain all signed consent forms and store them apart from any data th

2. Please attach a copy of the informed assent form(s) or verbal script(s) for oral assent. If you are not using assent procedures, please attach documentation indicating why. See the IRB web site for sample assent forms.

C. Assessment of Risk to Participants:

If you check YES to any of the statements below you should specifically justify the risk in your attached research description and complete section D below. Will your research involve:

	<u>YES</u>	<u>NO</u>
1. possible invasion of privacy of participant or family, including use of personal information or record?	_____	_____
2. the administration of physical stimuli other than auditory and visual stimuli associated with normal classroom situations?	_____	_____
3. deprivation of physiological requirements such as nutrition or sleep; manipulation of psychological and/or social variables? (e.g., sensory deprivation, social isolation, psychological stress)	_____	_____
4. deception as part of the experimental procedure? (if study involves the use of deception, the protocol must include a description of this fact and an attachment of the "debriefing procedure" which will be used upon completion of the study)	_____	_____
5. requesting information which an individual might consider to be personal or sensitive? (e.g., asking questions about sexuality, body image, criminal behavior, etc.)	_____	_____
6. the presentation to the participant of any materials which they might find offensive, threatening, or degrading? (e.g., failure feedback, offensive/disturbing pictures, etc.)	_____	_____
7. the requirement of physical exertion beyond normal classroom situations?	_____	_____
8. other (please specify): _____	_____	_____

D. Minimization/Mitigation of Risk to Participants:

If any of the items in section C have been checked "yes," describe what precautions have been or will be taken to minimize and /or mitigate those risks. If you checked "no" for all items in section C, PLEASE INDICATE WHY THIS IS THE CASE.

---



---



---

E. Confidentiality of Data:

	<u>YES</u>	<u>NO</u>
1. Will any data be made part of any permanent record that can be identified with the participant?	_____	_____
2. Will any demographic information be collected for this experiment (e.g. age, sex, ethnicity, race, employment, height, weight, family, marital status, etc.) that will not be kept separate from other research data OR that may be linked to a participant's research results?	_____	_____
3.		

YES

NO

4. Will confidentiality be maintained indefinitely? \_\_\_\_\_

If yes, fully explain all of the following: the use of codes or pseudonyms; how and where data will be securely stored; and how and when data will be destroyed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_