

# 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 in collaboration with the Designated Supervisor/Qualified Scientist:

(All questions 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 \_\_\_\_\_  
Teacher/Adult Sponsor Email/phone

## To be completed by Institutional Review Board (IRB) prior to experimentation:

Determination of risk, including physical and psychological risks (See risk evaluation)  
MUST CHECK ONE OF THE BOXES

- Minimal risk where informed consent is **REQUIRED**.  
 More than minimal risk where informed consent & a Qualified Scientist are **REQUIRED**.

*Neither the Teacher/Adult Sponsor, Parents, the Qualified Scientist, nor the Designated Supervisor who oversees a specific project is permitted to serve on the IRB reviewing that project. This eliminates conflict of interest.*

**IRB SIGNATURES (All three signatures are required; Adults supervising this project may not serve on the IRB reviewing this project; it is a conflict of interest - see box above)**

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

Printed Name (including title) \_\_\_\_\_ Signature \_\_\_\_\_ Date of Approval \_\_\_\_\_

**2) Science Teacher (NOT the teacher of record, the teacher that oversees the project, the mentor, or the parent):**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date of Approval \_\_\_\_\_

**3) School Administrator:**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date of Approval \_\_\_\_\_

## The following is to be completed AFTER SRC Approval:

### To be completed by Human Subject:

(prior to participation)

Printed Name \_\_\_\_\_

- I have read and understand the conditions and risks above, and I consent/assent to voluntarily participate in this research study.  
yes no
- I realize I am free to withdraw my consent and to withdraw from this study at any time without negative consequences.  
yes no
- I consent to the use of visual images (photos, videos, etc.) involving my participation in this research.  
yes no

Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by Parent/Guardian:

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

Printed Name \_\_\_\_\_

- I have read and understand the conditions and risks above and consent to the participation of my child.  
yes no
- I have reviewed a copy of any survey or questionnaire used in the research.  
yes no
- I consent to the use of visual images (photos, videos, etc.) involving my child in this research.  
yes no

Signature \_\_\_\_\_ Date \_\_\_\_\_