REQUEST FOR AUTHORIZATION TO RECRUIT for RESEARCH
CHILD DEVELOPMENT LABORATORY SCHOOL
Department of Human Development and Family Studies

INSTRUCTIONS:
1. Complete this form and return with an attached timeline: Administrator, Child Development Laboratory School, 2222 Osborn Dr., Palmer 1354, Ames, Iowa 50011 or cdlabs@iastate.edu. (515) 294-5061.
2. You will be notified when your request has been reviewed and signed by the Administrator. The review process usually requires 5 working days.
3. First priority for research recruitment is given to faculty and students in the Department of Human Development and Family Studies; second priority is given to researchers in other ISU academic departments.

RESEARCHER:_______________________________________ DATE:___________________

UNIVERSITY OFFICE
ADDRESS:____________________________________ PHONE:____________________ E-MAIL:___________

SUPERVISING OFFICE
FACULTY:____________________________________ PHONE:____________________ E-MAIL:___________

TITLE OF RESEARCH:__________________________________________________________

PROCEDURE: (Check all that apply)
- Parents contact researcher if interested:_______
- Researcher contacts parents to recruit:_______
- Brief description of method (Example: flyer, e-mail, phone call, etc.)

TENTATIVE RECRUITEMENT TIME SCHEDULE: Approximate Dates:__________________________
(Please keep laboratory school administrator informed of changes in dates and/or completion date)

PROPOSAL TO ISU HUMAN SUBJECTS COMMITTEE
- SUBMITTED: (Date)__________________ APPROVED: (Date)________________ ISU IRB # ________________
(No research may be conducted until approval is received from the ISU Human Subjects Committee.)

BRIEF DESCRIPTION OF RESEARCH PROJECT AND THE POSSIBLE INVOLVEMENT OF LAB SCHOOL FAMILIES:

PLease attach a timeline of your proposal to this form

SIGNATURE: Researcher:____________________________________ Date:________________
Faculty Supervisor:____________________________________ Date:________________

SIGNED LABORATORY SCHOOL ADMINISTRATOR:____________________________________

Distribution of copies: Laboratory School Administrator ______ Office File _______ Researcher ________

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