INSTRUCTIONS:
Submit two sets of materials, each of which includes one copy of this form and one copy of an explanation of your proposed project for teaching and course related projects to the Director of the Child Development Laboratory School, Department of Human Development and Family Studies, Suite 1354 Palmer HDFS Building, Iowa State University (515/294-3040). Processing of these requests are expected to take several working days, in most situations, to obtain the necessary permissions and signatures.

STUDENT:_________________________________ DATE: ____________

UNIVERSITY FACULTY:____________________ OFFICE NUMBER:_______ E-MAIL:____

SUPERVISING FACULTY:___________________ OFFICE NUMBER:_______ E-MAIL:____

TITLE OF TEACHING PROJECT:

__________________________________________

COURSE NUMBER:___________COURSE TITLE: ________________________________

PROCEDURE: Experiment or Test_________Classroom Observation_______Use Records_______
Contact Parents___________Teacher Ratings_______Teacher Interview___________

SUBJECTS:
Number________________
Number of times each child will be taken from school__________
Approximate times each child will be out of school__________

LABS:
Lab 1 (Infants & Toddlers)______ Lab 2 (Program for 2’s & 3’s)____
Lab 3 (Program for 3’s, 4’s & 5’s)____ Lab 4 (Program for 3’s, 4’s, and 5’s)____

TENTATIVE 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.)

SIGNATURE: Student_________________________________ Date_____________

SIGNED: (1) LABORATORY SCHOOL Administrator________________________________________
(2) TEACHER ______________________________________________________________
________________________________________________________

Distribution of copies: Laboratory School Administrator __Head Teacher(s) ____Student ______