

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

INSTRUCTIONS:

- (1) Submit two sets of materials, each of which includes one copy of this form and one copy of the proposal submitted to the ISU Human Subjects Committee to: *Director, Child Development Laboratory School, Department of Human Development and Family Studies, 2222 Osborn Dr, Palmer 1354, Ames, IA 50011 or cdlabs@iastate.edu. (515/294-5061)*
- (2) You will be notified when your proposal has been reviewed and signed by the appropriate persons. The review process usually requires 5 working days. At that time, you will need to make reservations for use of the Palmer HDFS research facilities and to contact the respective head teacher(s) regarding specific details.
- (3) First priority for research 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)

Experiment or test: _____ Classroom Observation: _____ Use Children's Records: _____
Contact Parents: _____ Teacher Ratings: _____ Teacher Interview: _____

SUBJECTS: Total Number of children requested: _____

Number of times each child will be taken from classroom: _____

Approximate total time each child will be out of classroom: _____

Group(s) Involved: (*check all that apply*)

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, & 5's) _____

TENTATIVE DATA COLLECTION 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: Researcher: _____ Date: _____
Faculty Supervisor: _____ Date: _____

SIGNED (1) LABORATORY SCHOOL Director _____
(2) HEAD/CLASSROOM _____
TEACHER(S) OF _____
SUBJECTS: _____

Distribution of copies: Laboratory School Director _____ Head Teacher(s) _____
Researcher _____ Office File _____