

STUDENT REQUEST FOR AUTHORIZATION TO CONDUCT
TEACHING-RELATED PROJECTS
CHILD DEVELOPMENT LABORATORY SCHOOL
Department of Human Development and Family Studies

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 ___