

## Human Participants Form (4)

Required for all research involving human participants not at a Regulated Research Institution. If at a Regulated Research Institution, use institutional approval forms for documentation of prior review and approval.  
(IRB approval required before experimentation.)

Student's Name(s)	Title of Project
Adult Sponsor	Contact Phone/Email
<b>Must be completed by Student Researcher(s) in collaboration with the Adult Sponsor/Designated Supervisor/Qualified Scientist:</b>	
1. <input type="checkbox"/> I have submitted my Research Plan which addresses ALL areas indicated in the Human Participants Section of the Research Plan Instructions.	
2. <input type="checkbox"/> I have attached any surveys or questionnaires I will be using in my project. <input type="checkbox"/> Any published instrument(s) used was /were legally obtained.	
3. <input type="checkbox"/> I have attached an informed consent that I would use if required by the IRB.	
4. <input type="checkbox"/> Yes <input type="checkbox"/> No    Are you working with a Qualified Scientist? If yes, attach the Qualified Scientist Form 2	

**Must be completed by Institutional Review Board (IRB) after review of the research plan.** The submitted Research Plan must address all areas indicated on the Human Participants section of the Research Plan Instructions.

**Check one of the following:**

Research project requires revisions and is **NOT approved** at this time. IRB will attach document indicating concerns and/or requested revisions.

Research project is **Approved** with the following conditions below: **(All 5 must be answered)**

1. Risk Level (check one):                       Minimal Risk                       More than Minimal Risk

2. Qualified Scientist (QS) Required:         Yes     No

3. Written Minor Assent required for minor participants:

Yes                       No                       Not applicable (No minors in this study)

4. Written Parental Permission required for minor participants:

Yes                       No                       Not applicable (No minors in this study)

5. Written Informed Consent required for participants 18 years or older:

Yes                       No                       Not applicable (No participants 18 yrs or older in this study)

**IRB SIGNATURES (All 3 signatures required)** None of these individuals may be the adult sponsor, designated supervisor, qualified scientist or related to (e.g., mother, father of) the student (conflict of interest).  
**I attest that I have reviewed the student's project and agree with the above IRB determinations.**

<b>Medical or Mental Health Professional</b> (a psychologist, medical doctor, licensed social worker, licensed clinical professional counselor, physician's assistant, or registered nurse)	
Printed Name	Degree/Professional License
Signature	Date of Approval

<b>School Administrator</b>	
Printed Name	Degree/Professional License
Signature	Date of Approval

<b>Educator</b>	
Printed Name	Degree/Professional License
Signature	Date of Approval

# Human Informed Consent Form

**Instructions to the Student Researcher(s):** An informed consent/assent/permission form should be developed in consultation with the Adult Sponsor, Designated Supervisor or Qualified Scientist.

This form is used to provide information to the research participant (or parent/guardian) and to document written informed consent, minor assent, and/or parental permission.

- When written documentation is required, the researcher keeps the original, signed form.
- Students may use this sample form or may copy ALL elements of it into a new document.

If the form is serving to document parental permission, a copy of any survey or questionnaire must be attached.

**Student Researcher(s):** \_\_\_\_\_

**Title of Project:** \_\_\_\_\_

**I am asking for your voluntary participation in my science fair project. Please read the following information about the project. If you would like to participate, please sign in the appropriate box below.**

**Purpose of the project:**

**If you participate, you will be asked to:**

**Time required for participation:**

**Potential Risks of Study:**

**Benefits:**

**How confidentiality will be maintained:**

If you have any questions about this study, feel free to contact:

Adult Sponsor: \_\_\_\_\_ Phone/email: \_\_\_\_\_

**Voluntary Participation:**

Participation in this study is completely voluntary. If you decide not to participate there will not be any negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question.

By signing this form I am attesting that I have read and understand the information above and I freely give my consent/assent to participate or permission for my child to participate.

**Adult Informed Consent or Minor Assent**

Printed Name of Research Participant: \_\_\_\_\_

Date Reviewed & Signed: \_\_\_\_\_

Signature: \_\_\_\_\_

**Parental/Guardian Permission (if applicable)**

Date Reviewed & Signed: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_