

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.)

Ima Student Student's Name(s) Classroom Teacher Adult Sponsor	The Effect of Pregnancy on Posture Title of Project c.teacher@myhighschool.k12.de.us Contact Phone/Email
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Must be completed by Student Researcher(s) in collaboration with the Adult Sponsor/Designated Supervisor/Qualified Scientist:

1. ☒ I have submitted my Research Plan which addresses ALL areas indicated in the Human Participants Section of the Research Plan Instructions.
2. ☐ I have attached any surveys or questionnaires I will be using in my project.
☐ Any published instrument(s) used was /were legally obtained.
3. ☒ I have attached an informed consent that I would use if required by the IRB.
4. ☐ Yes ☒ 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.

Medical or Mental Health Professional (a psychologist, medical doctor, licensed social worker, licensed clinical professional counselor, physician's assistant, or registered nurse)

School Nurse	BS Nursing
Printed Name	Degree/Professional License
<i>School Nurse</i>	<i>9/15/12</i>
Signature	Date of Approval

School Administrator

Building Principal	MEd
Printed Name	Degree/Professional License
<i>Building Principal</i>	<i>9/18/12</i>
Signature	Date of Approval

Educator

Different Teacher	BS Biology
Printed Name	Degree/Professional License
<i>Different Teacher</i>	<i>9/15/12</i>
Signature	Date of Approval