

Human Subjects Form

Required for all research involving humans.

Student's Name _____

Title of Project _____

To be completed by Student Researcher: (All questions are applicable and must be answered; may use back of page.)

- 1) Describe the purpose of this study and list all of the research procedures in which the subject will be involved. Include the duration of the subject's involvement. Attach any survey or questionnaire.
- 2) Describe and assess any potential risk or discomfort, and, if any, potential benefits (physical, psychological, social, legal or other) that may be reasonably expected by participating in this research.
- 3) Describe the procedures that will be used to minimize risk, and to maintain confidentiality.

For questions or concerns regarding this research, contact: _____ at _____.
Adult Sponsor Email/phone

To be completed prior to experimentation: Determination of risk, including physical and psychological risks.

- Minimal risk where informed consent is recommended, but not required.**
Waiver of informed consent for research with survey: _____
- Minimal risk where informed consent is REQUIRED.**
- More than minimal risk where informed consent, Medical Professional and 2 Science teachers are REQUIRED.**

SIGNATURES)

1) Medical Professional: (*MUST circle one*) (a psychologist, psychiatrist, medical doctor, licensed social worker, physician's asst., or registered nurse)

Printed Name (including title) _____ Signature _____ Date of Approval _____

2) Science Teacher 1:

Printed Name _____ Signature _____ Date of Approval _____

3) Science Teacher 2:

Printed Name _____ Signature _____ Date of Approval _____

To be completed by Human Subject:

(prior to experimentation)

- I have read and understand the conditions and risks above and I consent/assent to voluntarily participate in this research study.
- I realize I am free to withdraw my consent and to withdraw from this study at any time without negative consequences.
- I consent to the use of visual images (photos, videos, etc.) involving my participation in this research.

Signature _____ Date _____

To be completed by Parent/Guardian:

(Prior to experimentation and when participant is under 18 and informed consent is required)

- I have read and understand the conditions and risks above and consent to the participation of my child.
- I have reviewed a copy of any survey or questionnaire used in the research.
- I consent to the use of visual images (photos, videos, etc.) involving my child in this research.

Signature _____ Date _____