Human Participants Form (4)

Required for all research involving human participants. 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
Teacher/Adult Sponsor Name	Phone/Email

Must be completed by Student Researcher(s) in collaboration with the Teacher/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 or other documents provided to human participants.
   ☐ Any published instrument(s) used was/were legally obtained.
3. ☐ I have attached an Informed Consent Form if required by the IRB
4. ☐ Yes ☐ No Are you working with a Qualified Scientist/Designated Supervisor? If yes, attach a Form (2) and/or Form (3) as applicable.

BELOW – IRB USE ONLY

Must be completed by Institutional Review Board (IRB) after review of research plan. All questions must be answered for the approval to be valid. (If not approved, return the paperwork to the student with instructions for modifications.)

☐ Approved with Full Committee Review (3 signatures required) and the following conditions: (All 6 must be answered)

1. Risk Level (Check one): ☐ Minimal Risk ☐ More than Minimal Risk
2. Qualified Scientist (QS) Required: ☐ Yes ☐ No
3. Designated Supervisor (DS) Required: ☐ Yes ☐ No
4. Written Minor Assent required for minor subjects: ☐ Yes ☐ No ☐ Not applicable (No minors in this study)
5. Written Parental Permission required for minor subjects: ☐ Yes ☐ No ☐ Not applicable (No minors in this study)
6. Written Informed Consent required for subjects 18 years or older: ☐ Yes ☐ No ☐ Not applicable (No minors in this study)

☐ Approved with Expedited Review (1 signature required). Study involves either of the following:

- ☐ Human participants will only provide feedback on project design/student-designed invention or prototype/etc., no personal data will be collected and there are no health or safety hazards.
- ☐ Student is the only subject of the research and no more than minimal risk is involved.

IRB SIGNATURES (All 3 signatures required unless expedited review is checked above) None of these individuals may be the teacher/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, that the checkboxes above have been completed to indicate the IRB determinations and that I agree with the decisions above.

Medical or Mental Health Professional: (a psychologist, psychiatrist, medical doctor, licensed social worker, licensed clinical professional counselor, physician's assistant, or registered nurse) with expertise related to this project	
Printed Name	Degree/Professional License
Signature	Date of Approval *(must be prior to experimentation.)*
Educator	
Printed Name	Degree/Professional License
Signature	Date of Approval *(must be prior to experimentation.)*
School Administrator	
Printed Name	Degree/Professional License
Signature	Date of Approval *(must be prior to experimentation.)*

MSSEF Human Informed Consent Form

Required for human participants as determined by the IRB approval, which is required before experimentation. To be completed by Student Researcher in collaboration with the Teacher/Adult Sponsor/Designated Supervisor/Qualified Scientist. A copy of any survey or questionnaire must be attached. Students may use this sample form or may copy ALL elements of it into a new document.

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 area 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:

Teacher/Adult Sponsor/QS/DS: _____ 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 Date Reviewed & Signed: _____

_____ Signature: _____

Research Participant Printed Name

Parental/Guardian Permission (if applicable) Date Reviewed & Signed _____

_____ Signature: _____

Parent/Guardian Printed Name Required for all subjects under 18 years