

REQUEST FOR AUTHORIZATION TO CONDUCT RESEARCH  
CHILD DEVELOPMENT LABORATORY SCHOOL  
Department of Human Development and Family Studies



INSTRUCTIONS:

- (1) Submit two sets of materials, each of which includes one copy of this form and one copy of the proposal submitted to the ISU Human Subjects Committee to: *Administrator, Child Development Laboratory School, Department of Human Development and Family Studies, Suite 0351 Palmer HDFS Building, Iowa State University. (515/294-3040)*
- (2) You will be notified when your proposal has been reviewed and signed by the appropriate persons. The review process usually requires 5 working days. At that time, you will need to make reservations for use of the Palmer HDFS research facilities and equipment and to contact the respective head teacher(s) regarding specific details.
- (3) First priority for research is given to faculty and students in the Department of Human Development and Family Studies; second priority is given to researchers in other ISU academic departments.

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RESEARCHER: \_\_\_\_\_ DATE: \_\_\_\_\_

UNIVERSITY OFFICE  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISING OFFICE  
FACULTY: \_\_\_\_\_ PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TITLE OF RESEARCH: \_\_\_\_\_

PROCEDURE: (Check all that apply)

Experiment or test: \_\_\_\_\_ Classroom Observation: \_\_\_\_\_ Use Children's Records: \_\_\_\_\_  
Contact Parents: \_\_\_\_\_ Teacher Ratings: \_\_\_\_\_ Teacher Interview: \_\_\_\_\_

SUBJECTS: Total Number of children requested: \_\_\_\_\_

Number of times each child will be taken from classroom: \_\_\_\_\_

Approximate total time each child will be out of classroom: \_\_\_\_\_

Group(s) Involved: (*check all that apply*)

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, & 5's) \_\_\_\_\_

TENTATIVE DATA COLLECTION 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: Researcher: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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SIGNED (1) LABORATORY SCHOOL ADMINISTRATOR: \_\_\_\_\_

(2) HEAD/CLASSROOM \_\_\_\_\_

TEACHER(S) OF \_\_\_\_\_

SUBJECTS: \_\_\_\_\_

Distribution of copies: Laboratory School Administrator \_\_\_\_\_ Head Teacher(s) \_\_\_\_\_

Researcher \_\_\_\_\_ Office File \_\_\_\_\_