

## IRB Research Protocol

### Application for IRB Review

LEAVE BLANK FOR IRB USE ONLY			
Date Received: _____		Comments: _____	
Action:			
<input type="checkbox"/> Exempt: Category 1 2 3 4 5 6 (Circle One)			
<input type="checkbox"/> Expedited			
<input type="checkbox"/> Full Board Review			
Chair of IRB signature _____		Date: _____	
Please complete all information on the TCSJ IRB Research Protocol and submit along with other related documents specific to the study. Incomplete applications will not be reviewed. The researcher should allow two weeks for review and response before initiation of the project.			
Name of Researcher:		Mailing Address:	
Email Address:		Telephone:	
M.Ed. Concentration: <input type="checkbox"/> Educational Inquiry <input type="checkbox"/> Educational Leadership and School Development		Title of Research:	
Location of Study:		Participants: <input type="checkbox"/> Adults (18 years or older) <input type="checkbox"/> Minors (Less than 18 years) <input type="checkbox"/> Non-English Speaking <input type="checkbox"/> Other: (Specify) _____	
Nature of Data to be Collected: (Check all that apply) <input type="checkbox"/> Participants and their responses cannot be identified <input type="checkbox"/> Filming, Video or Voice-Recording <input type="checkbox"/> Involves the use of instructional strategies/techniques <input type="checkbox"/> Collected with permission or in collaboration with another agency		Other: (Check all that apply) <input type="checkbox"/> Participants will be paid <input type="checkbox"/> Research will be conducted in an educational setting <input type="checkbox"/> Project involves temporary deception of participants <input type="checkbox"/> Project is time sensitive	
The researcher assures the TCSJ IRB that all procedures performed under the project will be conducted by individuals legally and responsibly entitled to do so, and that any deviation from the submitted project (e.g. change in participant or recruitment procedures, research methodology, etc.) will be submitted to the IRB for approval prior to implementation.			
By signing below, the researcher is certifying that: 1) the information in this application is correct and you agree to comply with all institutional, federal, and state procedures designed to protect human subjects in research; 2) acknowledge your responsibilities as a researcher; and, ensure that the consent process is followed.			
Researcher Signature:		Date:	
Masters Project Faculty Advisor Signature:		Date:	
Print Name:			
Email:		Telephone:	

Teachers College of San Joaquin requires that research with human subjects be reviewed by the TCSJ IRB for the protection of Human Subjects (referred to as participants). Each of the following elements must be included in the TCSJ IRB Research Protocol and may be submitted on this form or on an attachment. Be clear and succinct.

### **Description of Research**

When will the study begin? (date/year) \_\_\_\_\_

What is the expected duration of the study? \_\_\_\_\_

What level of review do you anticipate the study falls?

Exempt: Category 1 2 3 4 5 6 (circle)

Expedited

Full Board Review

Justification:

**Research Summary:** Provide a brief description of the research, the role of human subjects, and the overall goals of this project (500 words or less). Pay special attention to what will happen to participants and what they will be told about the research.

**Participants and Recruitment:** Describe the population, including the number of participants, criteria for selection, how potential participants will be made aware of the project and the process of gaining participant consent. Attach appropriate documents used to recruit participants, as well as consent or assent forms to be used.

**Research Procedures and Methods:** Describe the data collection procedures and materials, including instruments that will be used to collect data (e.g. interview, questionnaires/surveys, existing data banks, observations), how the data will be recorded, and who will have access to the data.

Describe procedures for maintaining participant confidentiality and/or anonymity, especially if tape recordings, photographs, movies or videotapes will be used. What are the plans for the data after the project is completed? Describe any participants debriefing procedures or what participants will be told after their participation is complete.

**Potential Risks and Benefits:** Describe real and potential risks of participation including possible inconvenience, discomfort or stress. How will you minimize potential risks and/or manage risks that may arise? Describe real and potential benefits of participation (compensation is not a benefit).