



INSTITUTIONAL REVIEW BOARD PROPOSAL TRANSMITTAL FORM

This form is initiated by the Principal Investigator (PI) proposing to conduct research with human subjects. **The PI should complete all items on the following pages.** Please allow three to four weeks for the review of your proposal and letter providing the results of the review.

The completed proposal may be forwarded via surface mail or electronic mail (confirmation receipt required for either method) to:

Alan J. Sturtz, Ed.D.
Chair, Institutional Review Board
Goodwin College
1 Riverside Drive
East Hartford, CT 06118
asturtz@goodwin.edu

Proposals that concern research conducted with human subjects must be submitted to the Goodwin College Institutional Review Board for review and approval.

Proposals that have not been approved by a faculty advisor or appropriate committee will not be reviewed by the Goodwin College Institutional Review Board.

Project Title: _____

Principal Investigator: _____
Institution: _____
Mailing Address: _____
City, State, Zip: _____
Contact Phone Number: _____
Email: _____
Department: _____

Status:
 faculty/staff
 student

Program Advisor _____
Campus Address _____
Contact Telephone _____

1. If your research involves the use of human subjects or data governed by other institutions, **attach evidence of approval granted to you by the Institutional Review Board (IRB) or Human Subjects Committee (HSC) of those institutions**, which permits your use of the subjects or data.
2. If your research involves the use of human subjects or data governed by other institutions that **do not** have an IRB or HSC, **attach evidence of approval granted to you by those institutions**, which permits your use of the subjects or data.

3. If your research involves **any** of the following populations, a full IRB review is required. **Please check all that apply:**

- | | | |
|---|---------|--------|
| • subjects younger than 18 years of age | YES ___ | NO ___ |
| • prisoners | YES ___ | NO ___ |
| • pregnant women | YES ___ | NO ___ |
| • mentally disabled persons | YES ___ | NO ___ |
| • economically disadvantaged persons | YES ___ | NO ___ |
| • educationally disadvantaged persons | YES ___ | NO ___ |

I attest that all information provided in this Proposal Transmittal Form is true:

Signature of Principal Investigator: _____ Date:

Printed/Typed Name _____

To be completed by Research Advisor or Institutional Officer approving research project:

I attest that I have reviewed this proposal and approve the content. To the best of my knowledge, the content is accurate, the study is methodologically sound, and the proposal conforms to all ethical requirements for human subjects research.

Signature of Research Advisor/Institutional Officer: _____

Title: _____

Printed/Typed Name _____ Date:

Please select the type of review for which you believe you qualify:

___ **Exempt Review:** For proposals found to be exempt from full IRB review. (Proposals must still be submitted to the Institutional Review Board). Research activities will involve human subjects in one or more of the following: (i) research conducted in commonly accepted educational settings, involving normal educational practices (research on regular or special education instructional strategies or on the effectiveness of instructional techniques, curricula or classroom management methods); (ii) research involving the use of educational tests (cognitive, diagnostic, aptitude or achievement), if information obtained is recorded in such a manner that subjects cannot be identified, directly or indirectly; (iii) research involving surveyor interview procedures (except if all of the following exist: responses are recorded in a manner that subjects can be identified directly or indirectly; subject's responses, if known outside the research, could place the subject at risk of criminal or civil liability or be damaging to subject's financial standing or employability; and the research deals with sensitive aspects of the subject's own behavior); (iv) research involving observation of public behavior (except if all the following exist: observations are recorded in a manner that subjects can be identified, directly or indirectly; observations recorded about the individual could place the subject at risk; and the research deals with sensitive aspects of the subject's own behavior); or (v) research involves the collection or study of existing data, documents, records or specimens if these sources are publicly available, or if recorded by the investigator in a manner that subjects cannot be identified, directly or indirectly.

___ Expedited Review: For proposals where there may be no more than minimal risk to the human subject, and the proposed activities are among the following: (i) collection of hair and nail clippings in a non-disfiguring manner; (ii) collection of excreta and external secretions including sweat or saliva; (iii) recording of data from subjects 18 years of age or older using non-invasive procedures routinely employed in clinical practice (this includes physical sensors applied to the body surface or at a distance, and do not involve input of matter or significant amounts of energy into the subject, or an invasion of the subject's privacy. It also includes procedures such as weighing, testing sensory acuity, electrocardiography or electroencephalography); (iv) collection of blood samples; (v) collection of dental plaque; (vi) voice recordings; (vii) moderate exercise by healthy volunteers; (viii) the study of existing data, documents, records or specimens; (ix) research on individual or group behavior or individual characteristics (including perception, cognition, game theory, or test development); or research on drugs or devices for which investigational new drug exemption or device exemption is not required.

___ Full Committee Review: All cases where a proposal fails to qualify for either the exempt or expedited category.

Narrative for the Principal Investigator Checklist; please observe the posted page limits.

Project Description: Describe the purpose of the research proposed.

Rationale: Describe the rationale for the study.

Description of Activities Involving Human Subjects:

Study Design: Briefly describe the design of the study, e.g., case study, mixed methods, survey research, etc.

Study Sample: Briefly describe the sample to be used in your study, including the approximate number of subjects.

Participant Recruitment: Describe how you will recruit participation in your study, the duration and execution timeline.

Summary of Recruitment Timeline and Strategies

Timeline	Strategies
Week One	•
Week Two	•
Week Three	•

Survey Procedures: Describe how you will implement the survey.

Interview Procedures: Describe how you will conduct subject interviews.

Time Commitment: Describe the time commitment required of the participants.

Voluntary Participation: Describe the participation requirements.

Benefits of Participation: Describe the benefits of participation.

Risks of Participation: Describe any risks of participation. Risks of participation in this study should not be greater, considering probability and magnitude, than those ordinarily encountered in life, e.g., school related stress. Therefore, the informed consent form contains the following statement "If you are experiencing stress or need help: students should contact the Dean of Students here at the college [860-913-2063]. Faculty and staff should contact the Director of Human Resources [860-913-2070]." This is a small campus and these services are readily accessible to students.

Confidentiality of Participants: *Explain how confidentiality will be ensured.*

Please include all that apply

- The confidentiality of participants will be maintained throughout this study.
- No personally identifying information will be collected.
- Materials (e.g., paper-pencil survey) will not be coded in any identifiable way.
- All of the study participants and the school will be assigned pseudonyms.
- All data will be reported in aggregate. Individual responses will not be reported.
- All digital files will be saved in a secure computer and paper files will be stored in a locked file cabinet in the researcher's office. Each file is accessible only to the researcher and his advisor.
- The data collected from this investigation will be kept for a period of five years, to allow for data verification and confirmation of results and analysis (American Psychological Association, 2010, p. 12). After five years, all data and analysis (digital and paper) will be destroyed.

I hereby certify that the human subjects review process is being completed as required by the Goodwin College Institutional Review Board.

Signature of Principal Investigator

Date

SAMPLE INFORMED CONSENT FORM

[THIS FORM MAY BE MODIFIED TO MEET SPECIFIC RESEARCH NEEDS]

- **Briefly describe purpose of the study in terms the research population will be able to understand.**
- Participation is **voluntary. You must be at least 18 years old.**
- You may **withdraw from this study at any time** without hurting your relationship with the sponsoring institution or your school.
- It is estimated that the **survey** will take about **XX minutes** to finish.
- You may be compensated for completing and returning the **survey**.
- Submitting a completed survey implies permission to use your information in our study.
- If you want to take part in an interview, **sign the form** and we will schedule a time to meet.
- The interview will last about **XX minutes**; you may be compensated for participating in the interview.
- There are no apparent risks involved in participating in this study.
- When I write about you, I will give you a fictitious name.
- Your survey and interview responses will be kept in confidence.
- All survey responses, audiotapes, and the interview transcript will be stored in a locked file cabinet. They will be destroyed five years from completion of the study.

The following two items MUST be included on your Informed Consent Form:

- If you are experiencing stress or need help: students should contact the Dean of Students here at the college [860-913-2063]. Faculty and staff should contact the Director of Human Resources [860-913-2070].
- *If you have any question about your rights as a research subject, please contact the Chair of the Goodwin College Institutional Review Board at 860-913-2034. The IRB is a group of people that reviews research studies and protects the rights of people involved in the project.*

Thank you for volunteering to participate in this study!

If you have any questions about this study, you may contact me or my faculty advisor at the phone numbers below:

Researcher Contact: _____ Faculty Advisor Contact _____

Signature of Research Participant

Date

Please keep a copy of this page for your records.