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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<thead>
<tr>
<th>RESEARCHER: __________________________</th>
<th>DATE: __________________________</th>
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<td>UNIVERSITY</td>
<td>OFFICE</td>
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<td>ADDRESS: __________________________</td>
<td>PHONE: __________________________</td>
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<td>SUPERVISING FACULTY: __________________________</td>
<td>PHONE: __________________________</td>
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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:_____________________________

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: __________________________

SIGNED
(1) LABORATORY SCHOOL ADMINISTRATOR: __________________________
(2) HEAD/CLASSROOM TEACHER(S) OF SUBJECTS: __________________________

Distribution of copies: Laboratory School Administrator _______ Head Teacher(s) _______
Researcher _______ Office File _______

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04/20/2012