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

INSTRUCTIONS:
(1) Complete this form and return with an attached timeline: Administrator, Child Development Laboratory School, Department of Human Development and Family Studies, Suite 1352 Palmer HDFS Building, Iowa State University. (515/294-7478)
(2) You will be notified when your request has been reviewed and signed by the Administrator. The review process usually requires 5 working days.
(3) First priority for research recruitment 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.

RESEARCHER: ___________________________ DATE: ______________________

UNIVERSITY OFFICE
ADDRESS: __________________________ PHONE: ___________ E-MAIL: ______________________

SUPERVISING OFFICE
FACULTY: __________________________ PHONE: ___________ E-MAIL: ______________________

TITLE OF RESEARCH: __________________________

PROCEDURE: (Check all that apply)
Parents contact researcher if interested: _______ Researcher contacts parents to recruit: _______
Brief description of method (Example: flyer, e-mail, phone call, etc.)

TENTATIVE RECRUITMENT 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.)

BRIEF DESCRIPTION OF RESEARCH PROJECT AND THE POSSIBLE INVOLVEMENT OF LAB SCHOOL FAMILIES:

PLEASE ATTACH A TIMELINE OF YOUR PROPOSAL TO THIS FORM

SIGNATURE: Researcher: ___________________________ Date: __________

Faculty Supervisor: ___________________________ Date: __________

________________________________________________________

SIGNED LABORATORY SCHOOL ADMINISTRATOR:

Distribution of copies: Laboratory School Administrator _____ Office File _____ Researcher _______

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