INSTRUCTIONS:
Submit two sets of materials, each of which includes one copy of this form and one copy of an explanation of your proposed project for teaching and course related projects to Administrator, Child Development Laboratory School, Department of Human Development and Family Studies, Suite 1352 Palmer HDFS Building, Iowa State University (515/294-3040). Processing of these requests are expected to take several working days, in most situations, to obtain the necessary permissions and signatures.

STUDENT:_________________________________________ DATE:__________

UNIVERSITY FACULTY:_________________ OFFICE NUMBER:_________ E-MAIL:______

SUPERVISING FACULTY:_________________ OFFICE NUMBER:_________ E-MAIL:______

TITLE OF TEACHING PROJECT:_____________________________________________

COURSE NUMBER:__________COURSE TITLE:____________________________________

PROCEDURE: Experiment or Test_______Classroom Observation_______Use Records_______
Contact Parents___________Teacher Ratings________Teacher Interview________

SUBJECTS:
Number___________
Number of times each child will be taken from school___________
Approximate times each child will be out of school___________

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, and 5’s)____

TENTATIVE 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: Student________________________________Date______________

SIGNED: (1) LABORATORY SCHOOL Administrator_____________________________________
(2) TEACHER _________________________________________________________
________________________________________________________________________

Distribution of copies: Laboratory School Administrator __Head Teacher(s) _____Student _____

10/11/00
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