 Protocol #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (ACHS Use only)

**Category 1: Educational Strategies, Curricula or Classroom Management Methods Application for Exemption Form**

Primary Investigator(s), Department, Email:

1.

2.

3.

Researcher's Status (Check One):

 Undergraduate Student

 Graduate Student

 Faculty

 Other (Explain):

Research assistants (anyone other than PI or Faculty Advisor who will have contact with participants; the reason is that the researcher is therefore responsible to assure that all assistants are briefed on the ethical treatment of participants and the maintenance of confidentiality)

1.

2.

Faculty Advisor (if PI is a student) Department, Email:

1.

2.

Title of Project:

Desired Start Date: \_\_\_\_\_\_\_\_ Upon Approval

 \_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

 Please state why, e.g. grant deadline or class deadline so committee can prioritize if needed.

Expected End Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Length of Project:

\*Note: Approval is only good for one (1) calendar year from date of approval. After that year, the researcher must inform the committee if the research is ongoing in writing.

Will this research be submitted to an external agency for funding?

If yes, please name agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. Will the study be conducted in a commonly accepted educational setting?

\_\_\_\_Yes

\_\_\_\_No

 If No, **STOP**. Your project does not meet criteria for this exempt category; contact ACHS at achs@muskingum.edu.

B. Will the activity/activities occur during class time or outside of class time? This information must be included in the consent form or assent form.

\_\_\_\_During Class Time

\_\_\_\_Out of Class Time

C. Will the study involve normal educational practices? Each of the following count:

\_\_\_\_Implementation of a novel educational method

\_\_\_\_Testing (Describe how often and when)

\_\_\_\_Review and collection of student grades and standardized test scores. (Describe what scores or grades will be collected)

\_\_\_\_Will you be observing and recording data on teacher or student?

 \_\_\_\_ On teacher

 \_\_\_\_ On student

\_\_\_\_Review of student coursework (Describe what course work will be reviewed and how identity will be protected)

If none of these, STOP. Your project may not meet criteria for this exempt category;

 contact ACHS at achs@muskingum.edu.

D. Is the educational activity itself part of your research or will the activity occur regardless of whether you are conducting research or not?

\_\_\_\_The activity is part of my research.

\_\_\_\_My research consists solely of collecting data from the activity, which would occur whether I were collecting the data or not.

E. Describe what non-participants will do during this period (activities and supervision):

*It is important that the study design not penalize students who will not be participating if not all students will be participating.*

F. Will “sensitive information” be recorded that could damage subjects’ reputation or employability, or place them at risk for criminal or civil liability?

\_\_\_\_Yes

\_\_\_\_No

If Yes, explain:

H. FERPA (Family Educational Rights and Privacy Act) applies when student educational records are used for research. FERPA requires a signed permission when IDENTIFIABLE information from student records is released to anyone who did NOT already have legitimate access.

 Will this study obtain IDENTIFIABLE information from students’ educational records?

\_\_\_\_Yes

\_\_\_\_No

 If Yes, address the following:
1. What information will be obtained from the records?

2. Who will obtain it?

3. Does the individual obtaining the information have legitimate access (e.g. as the student’s teacher)?

 If IDENTIFIABLE educational records are obtained and will be released to anyone who did NOT already have legitimate access, describe how signed permission will be obtained from the adult student or the parent of a child.

Please briefly describe the study using the questions below.

1. Subjects
	1. Who will be studied?

b. Will subjects under 18 years of age be studied?

\_\_\_\_Yes

\_\_\_\_No

1. At what educational sites will this research be conducted?
2. **Recruitment**
	1. How will potential subjects be identified and how and where will they be approached for participation (as applicable)?
	2. Describe the recruitment materials (*ads, letters, recruitment script, e-mails etc.*) and attach a copy of materials, if applicable to this form.
	3. How will study be introduced to participants?
	\_\_\_\_\_ Not Applicable, If Not Applicable, why?
	4. Who has issued permission to provide access to the proposed research site(s)? Provide copies of emails, letters etc to ACHS.
3. **Methods**
	1. Describe all RESEARCH procedures, including tests, recording, observation, collection of course materials, changes to curriculum, testing, etc.
	2. What types of interactions will occur between investigators and subjects?
	3. Where (in what context or educational setting) will these interactions occur?
	4. How will subjects be evaluated?
	5. List the measures (e.g., surveys, questionnaires, tests, etc.) to be used, and attach a copy of each to the form.

* 1. Who will collect the data?
	2. How often will subjects be contacted, and why?
	3. How will confidentiality of data be maintained?
	4. If subjects will be paid or otherwise compensated or ‘incentivized’ (e.g. extra credit), indicate how much they will receive, and how they will be compensated? And how that will not be coercive.
1. **Additional Information, Clarification, or Comments for the IRB Reviewer**:

**INVESTIGATOR’S ASSURANCE STATEMENT**

I have read Muskingum University's policy concerning research involving human subjects and by signing below:

1. I agree to accept responsibility for the ethical conduct of research conducted in this project;
2. I agree to obtain approval from the Animal Care & Human Subject’s committee prior to modifying any of the procedures that might affect an exempt determination;
3. I attest that the information submitted in this application is true to the best of my knowledge.

Principal Investigator(s):

Date

Date

Date

Faculty Review of Student Projects: I have reviewed and approved the procedures to be used in the project described in this application. I agree to meet with the investigator on a regular basis to monitor study progress and assure that the well being of subjects is adequately safeguarded.

Faculty Advisor(s):

Date

Date