

Date:

For CDLS Use Only:

Research Project Number _____

Request for Research Population (RFRP) and Researcher Information

Note to parents: This information is being sent to you to provide you with a description of a research study that will begin shortly in your child’s classroom. If you have any questions, concerns, or wish to opt out of your child’s participation in this particular study, please contact your child’s teacher, the program director by telephone (612-624-9543) or email (will0342@umn.edu), or the faculty member conducting the project to let them know.

Reason for Study	
	Faculty Research
	Ph.D. Dissertation
	Pre-doctoral Research
	M.A. Thesis
	Undergraduate Student Research
	Pilot Study

Proposed Research Population	
	CDLS Children
	CDLS Siblings
	CDLS Parents
	CDLS Staff
	CDLS Teacher Candidates

I. Research Proposal Information

A. Title and design of study, including hypotheses, description of task(s):

B. Type of response required of child:

C. Incentive, if any (We prefer incentives not be given to children while they are in school):

D. If videotaping or photos are to be used, please describe their role in the study:

E. If the child is to be taken from the classroom, please describe in precise terms how the experimenter will decide if the child has changed his/her mind about participating and wants to be returned to the classroom. Include a discussion of the techniques the experimenter will use to encourage the child to continue, and the criteria the experimenter will use to differentiate persuasion from coercion.

F. If the child is taken from the classroom, please describe in precise terms what the experimenter will do if the child becomes in any way distressed, frightened, angry or upset. What attempts will be made to calm the child? What attempts will be made to intervene to reduce the child’s distress?

II. Participants

A. Children Needed

Number:

Age:

Sex:

B. Number of sessions per child:

Approximate length of each session:

III. Relevant background reading for parents/guardians:

Person(s) conducting research:

Faculty member supervising research

Funding Source(s)

Funding Agency Grant Number(s)

When the Child Development Lab School has approved your study please submit your application to the IRB. Send a copy of the IRB approval letter to the CDLS and it will be attached to this form. Once this has happened, you will receive final approval to conduct your study in the CDLS.