



IRB Review and Approval Form (TWO pages)

For a print version [click here](#).

To be completed by the team with the Team Advisor

Team Name:

Student Usernames:

Team Advisor Name:

Description of project:

The team's interaction with humans/animals will be through (check all that apply):

- Surveys, questionnaires, focus groups, interviews
- Games, experiments in physical or in electronic environments
- Physical or biomedical procedures – blood collection
- Diet, nutrition studies, taste tests
- Studies examining effectiveness of educational tools or curricula
- Use of instruments or devices, including phones, to collect data or monitor or influence behavior
- Studies examining individuals' responses to manipulation of their physical or online environment
- Activity that involves observation of, or interaction with, individuals to gather information for research
- Physical exertion (exercise, sports, etc.)

Explain in detail how your team will interact with humans/animals in your project? If you will be conducting a survey or having humans answer questions of any kind please include the survey and all questions in the text or as an attachment.

As Team Advisor, I certify this is a viable eCYBERMISSION project in which neither humans nor animals will be harmed.

Team Advisor Signature

Date

(continued)



To be completed by a school administrator:

Have you reviewed the proposed human interaction required for this project? YES NO

Does participation in this project require parental permission for minors? YES NO

Do you consent for this project to move forward as proposed? YES NO

Is a check-up of the human or animal subjects required? YES NO

School Administrator Signature

Date

To be completed by a doctor or medical professional:

Have you reviewed the proposed human interaction required for this project? YES NO

Does participation in this project require parental permission for minors? YES NO

Do you consent for this project to move forward as proposed? YES NO

Is a check-up of the human or animal subjects required? YES NO

Doctor/Medical Professional Signature

Date

To be completed by a STEM educator (generally, another STEM teacher at the school) other than the Team Advisor

Have you reviewed the proposed human interaction required for this project? YES NO

Does participation in this project require parental permission for minors? YES NO

Do you consent for this project to move forward as proposed? YES NO

Is a check-up of the human or animal subjects required? YES NO

STEM Educator Signature

Date