

Lakeland University Project Screening Questionnaire For IRB Review

Project Name: _____

Primary Investigation & Contact information: _____

Instructions: All proposals will be reviewed by the IRB under a three-tiered system, with expedited, intermediate or full review. The nature of the project determines the appropriate level of review. For each item in sections A, B, and C, please mark the box (labeled either “Yes” or “No”) that best describes the features of your project. Your responses will determine the level of review and corresponding required forms for project review.

Part A. Does Your Research Involve:

- | | Yes | No |
|---|------------------------------|-----------------------------|
| 1. Research conducted in established or commonly accepted educational settings, involving normal education practices, such as (i) research on regular and special education instructional strategies, OR (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior wherein (i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) Federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information be maintained throughout the research and thereafter? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded in such a manner that subjects cannot be identified, either directly or through identifiers linked to the subjects? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Research and demonstration projects which are conducted by or subject to the approval of Department or Agency heads which are designed to study, evaluate, or otherwise examine: (i) Public benefit or service programs; (ii) procedures for obtaining benefits or services under these programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Lakeland University
Project Screening Questionnaire
For IRB Review**

Part B. Does Your Research Involve:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Access to participants through cooperating institutions, or use of advertisements, letters, announcements, etc. to recruit participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Compensation of participants, (e.g. incentive, payment, course credit, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Penalties or other disadvantages for those declining to participate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Collection of potentially sensitive information about participants (e.g., family income, illegal or unethical behavior, health/medical history or practice or access to health care, legal or educational records)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Videotaping or audio-taping participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Collection of information that identifies or potentially identifies individual participants through surveys, interviews, or tests (including demographic and archival data)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Gathering or recording information in such a manner that participants can be identified, directly or through identifiers linked to them? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Use of instructional strategies that are NOT commonly used and well accepted, or the addition of assessment procedures that are NOT routinely used in established or commonly accepted educational settings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Inclusion of questions about topics that the participants might consider sensitive or personal (e.g. questions about ethical or religious beliefs, questions about relationships, questions about health practices, or medical history, etc..)? | <input type="checkbox"/> | <input type="checkbox"/> |

**Lakeland University
Project Screening Questionnaire
For IRB Review**

Part C. Does Your Research Involve:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Use of participants who are 0-17 years of age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Use of participants who are members of a vulnerable population not mentioned above and/or judged to have limited freedom of consent (e.g. prisoners, economically or educationally disadvantaged persons, those with mental or emotional disorders, pregnant women, non-English speakers, elderly, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Use of participants with whom the researcher has another relationship (e.g. administrator-teacher, teacher-student, psychotherapist-client, supervisor-employee, nurse-patient, professional-client, parole officer-parolee)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Observation of minors (0-17 years of age), where the observer will participate in the activities being observed or utilize survey or interview procedures with minors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Placing participants at risk for criminal or civil liability or damaging the subjects' financial standing, employability or reputation if their responses were to be disclosed outside the research project? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Deception of participants regarding the purposes of the study, procedures, or the meaning of their behavior, performance or findings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Any procedure that could impose stress or expose participants to risks beyond what they encounter in everyday life? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Use or presentation of materials that might be considered to be offensive, threatening or degrading? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Risk of physical injury or discomfort to participants, including physical exertion beyond normal activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Manipulation of physiological requirements (nutrition, sleep, etc.) or of ethically sensitive psychological and social variables (sensory deprivation, isolation, stress-self-esteem)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Participants taking internally or, having applied externally, any substances, drugs or other controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Collection and/or removal of any fluids or tissue from participants? | <input type="checkbox"/> | <input type="checkbox"/> |

**Lakeland University
Project Screening Questionnaire
For IRB Review**

NOTE: If you checked “Yes” to one or more questions in Part A and “No” to all questions in Parts B and C., your project may be eligible for expedited review. Please download and complete Proposal Application Form A and attach all instructed documents.. You will receive notification of proposal receipt and an IRB decision within 1-2 weeks of submission.

NOTE: If you checked “Yes” to any of the questions in Part B, but “No” to ALL questions in Part C, your project may eligible for intermediate review. Please download and complete Proposal Application Form B and attach all instructed documents. You will receive notification of proposal receipt and can expect an IRB decision within 3-4 weeks.

NOTE: If you checked “Yes” to any of the questions in Part C, your project will likely require full review. Please download and complete Proposal Application Form B and attach all instructed documents. You will receive notification of proposal receipt and can expect an IRB decision within 6-8 weeks.

FINAL NOTE: You will need to submit this completed screening questionnaire along with the completed IRB application.