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| **INSTRUCTOR NAME AND TITLE:** |         |
| **SCHOOL:** |       |
| **COURSE NUMBER AND TITLE:** |       |
| **EMAIL:** |       |
| **OFFICE PHONE:** |       | **MAIL CODE:** |       |

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| **DESCRIBE CLASS ASSIGNMENT (OR ATTACH SYLLABUS OR CLASS HANDOUTS HIGHLIGHTING RELEVANT PARTS).** |
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| **DESCRIBE PROCEDURES FOR MAINTAINING CONFIDENTIALITY, MINIMAL RISK, AND MONITORING RESEARCH.** |
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**WAIVER REQUIREMENT CHECKLIST:**

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| [ ]  | **No publication and no presentation outside of the College.** |
| [ ]  | **No use of minors or vulnerable populations (prisoners, non-English-speaking persons, persons lacking capacity to give informed consent.)****\*\*\*Exception:** Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as: research on regular and special education instructional strategies, or research on the effectiveness of, or the comparison among instructional techniques, curricula, or classroom management methods. |
| [ ]  | **Risk is not more than “minimal.”**“Minimal Risk” is when “the probability and magnitude of harm or discomfort in the research are not greater in and of themselves that those ordinarily encountered in daily life or during the performance or routine physical or psychological examinations of tests.” |
| [ ]  | **No use of Deception.** |
| [ ]  | **No videotaping.** |

**I accept primary responsibility for ensuring the rights and welfare of the human subjects and to:**

* **Train students in the proper conduct of research and the protection of human subjects;**
* **Review *Student Class Project Applications*, determine if each project qualifies for a waiver, and require a standard IRB application if not;**
* **Ensure that students get written informed consent from subjects and assent from children;**
* **Review all methods and instruments used in each project;**
* **Provide documentation to the IRB that students receive permission to conduct research at institutions other than Hampshire College;**
* **Monitor the research and inform the IRB immediately of any significant problems that arise.**

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Instructor Signature Date

**Email Form or Send form with attachments to IRB Secretary, Dean of Faculty, Mail code: DO.**

Approved by:\_ \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Faculty IRB Chairperson Date