

## Human Participants Form (4)

Required for all research involving human participants not at a Regulated Research Institution. If at a Regulated Research Institution, use institutional approval forms for documentation of prior review and approval.  
(IRB approval required before recruitment or data collection.)

<b>Ritvik Yarpalvali</b> <hr/> Student's Name(s) <b>Mrs. Diana Evangelista</b> <hr/> Adult Sponsor <b>Must be completed by Student Researcher(s) in collaboration with the Adult Sponsor/Designated Supervisor/Qualified Scientist:</b>	Evaluating TIMP as a form of Upper Limb Function Rehabilitation <hr/> Title of Project <b>(914)-295-5932/Devangelista@ardsleyschools.edu</b> <hr/> Phone/Email
1. <input checked="" type="checkbox"/> I have submitted my Research Plan/Project Summary which addresses ALL areas indicated in the Human Participants Section of the Research Plan/Project Summary Instructions. 2. <input checked="" type="checkbox"/> I have attached any surveys or questionnaires I will be using in my project or other documents provided to human participants. <input checked="" type="checkbox"/> Any published instrument(s) used was /were legally obtained. 3. <input checked="" type="checkbox"/> I have obtained an informed consent that I would use if required by the IRB. 4. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Are you working with a Qualified Scientist? If yes, attach the Qualified Scientist Form 2.	

### BELOW - IRB USE ONLY

**Must be completed by Institutional Review Board (IRB) after review of the research plan. All questions must be answered for the approval to be valid. (If not approved, return paperwork to the student with instructions for modifications.)**

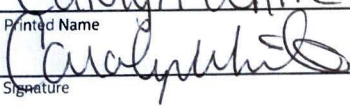
☐ Approved with Full Committee Review (3 signatures required) and the following conditions: **(All 6 must be answered)**

1. Risk Level (check one):	<input checked="" type="checkbox"/> Minimal Risk	<input type="checkbox"/> More than Minimal Risk
2. Qualified Scientist (QS) Required (Form 2):	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Designated Supervisor (DS) Required (Form 3):	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. Written Minor Assent required for minor participants:	<input checked="" type="checkbox"/> Not applicable (No minors in this study)	
5. Written Parental Permission required for minor participants:	<input checked="" type="checkbox"/> Not applicable (No minors in this study)	
6. Written Informed Consent required for participants 18 years or older:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable (No participants 18 yrs or older in this study)	

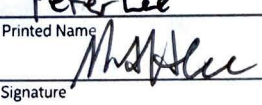
**IRB SIGNATURES (All 3 signatures required)** None of these individuals may be the adult sponsor, designated supervisor, qualified scientist or related to (e.g., mother, father of) the student (conflict of interest).

**I attest that I have reviewed the student's project, that the checkboxes above have been completed to indicate the IRB determination and that I agree with the decisions above.**

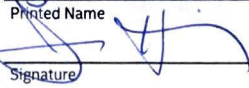
**Medical or Mental Health Professional** (a psychologist, medical doctor, licensed social worker, licensed clinical professional counselor, physician's assistant, doctor of pharmacy, or registered nurse) with expertise related to this project.

<b>Carolyn White</b> <hr/> Printed Name  <hr/> Signature	Degree/Professional License <b>Registered Nurse</b> <hr/> Date of Approval (Must be prior to experimentation.) (mm/dd/yy) <b>6/17/19</b>
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**Educator**

<b>Peter Lee</b> <hr/> Printed Name  <hr/> Signature	<b>B.S., M.S. Engineering Sciences</b> <hr/> Degree <b>6/17/19</b> <hr/> Date of Approval (Must be prior to experimentation.) (mm/dd/yy)
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**School Administrator**

<b>Jon Hirsch</b> <hr/> Printed Name  <hr/> Signature	<b>SPL - MA in Ad Ed Leadership</b> <hr/> Degree/Professional License <b>06/17/19</b> <hr/> Date of Approval (Must be prior to experimentation.) (mm/dd/yy)
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