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.)

Ritvik Yaparpalvi	Evaluating TIMP as a form of Upper Limb Function Rehabilitation
Student's Name(s)	Title of Project
Mrs. Diana Evangelista	(914)-295-5932/Devangelista@ardsleyschools.
Adult Sponsor	Phone/Email

Must be completed by Student Researcher(s) in collaboration with the Adult Sponsor/Designated Supervisor/Qualified Scientist:

1. ☑ 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. ☑ I have attached any surveys or questionnaires I will be using in my project or other documents provided to human participants.
   ☑ Any published instrument(s) used was /were legally obtained.
3. ☑ I have attached an informed consent that I would use if required by the IRB.
4. ☑ Yes ☐ 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): ☑ Minimal Risk ☐ More than Minimal Risk
2. Qualified Scientist (QS) Required (Form 2): ☑ Yes ☐ No
3. Designated Supervisor (DS) Required (Form 3): ☑ Yes ☐ No
4. Written Minor Assent required for minor participants:
   ☐ Yes ☐ No ☑ Not applicable (No minors in this study)
5. Written Parental Permission required for minor participants:
   ☐ Yes ☐ No ☑ Not applicable (No minors in this study)
6. Written Informed Consent required for participants 18 years or older:
   ☑ Yes ☐ No ☐ 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.

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

Educator

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

School Administrator

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