

## RESEARCH PLAN GRADES K – 5

Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Is this a continuation of a previous years project? \_\_\_\_\_

Start date of this project \_\_\_\_\_

Resources used to do this project:

Hypothesis:

Procedures for testing your hypothesis:

Does your project include?

Working with human subjects? \_\_\_\_\_

Working with any type of animal? \_\_\_\_\_

If you answered “yes” to either of the above questions, complete the approval section and human or animal section on the back.

Working with any pathogenic agents or hazardous controlled substances? \_\_\_\_\_ If “yes”, get form number (2&3) from your sponsor and complete.

If you answered no to all these questions, complete the approval form on the bottom of this page.

### STUDENT APPROVAL

I understand the risks and possible dangers to me of the proposed research plan; I will adhere to all the ISEF rules when conducting this research.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### PARENT/GUARDIAN APPROVAL

I have read and understand the risks and possible dangers involved in the Sponsor-approved research plan. I give consent to my child participating in this research.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### ADULT SPONSOR APPROVAL

I have read the research plan and agree to sponsor the student named above and assumed responsibility for compliance with all ISEF rules.

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

HUMAN SUBJECTS-REQUIRED FOR ALL RESEARCH INVOLVING HUMANS

1. Explain why human subjects are necessary for this research.
2. Are there any risks to the subjects in this research? If so, what are they?
3. How would the benefit of this project exceed the risks involved?

IRB CONSENT – Approval of research PRIOR to beginning experimentation

No risks involved \_\_\_\_\_ Acceptable risks involved \_\_\_\_\_ Unacceptable risks \_\_\_\_\_

\_\_\_\_\_  
Signature Scientist/Nurse/Medical Date

\_\_\_\_\_  
Signature Science Teacher Date

\_\_\_\_\_  
Signature Administrator Date

ANIMAL SUBJECT FORM-REQUIRED FOR ALL RESEARCH WITH ANIMALS

1. What animal(s) will be used? \_\_\_\_\_
2. How many? \_\_\_\_\_ 3. Where will animal(s) be obtained? \_\_\_\_\_
4. How will the animals be cared for? (food, water, bedding, cages) \_\_\_\_\_
5. Who will provide medical and nursing in case of illness emergency?  
Name of D.V.M. \_\_\_\_\_ Name of Facility \_\_\_\_\_
6. Will euthanasia be necessary? Yes No If so by what means and by whom?
7. What will happen to the animal after the experiment?

**HAVE THE VETERINARIAN OR MEDICAL PROFESSIONAL FILL OUT THE FOLLOWING INFORMATION**

Name \_\_\_\_\_

Position \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_ Office Phone \_\_\_\_\_

I certify that I have discussed this research with the student prior to its start and will supervise and will accept responsibility for the care and the handling of the animals used. I further certify that I am knowledgeable in the proper care and handling of laboratory animals, meet prevailing animal care supervisory requirements and, when euthanasia is required, I will be present and perform the procedure using such agents as are recommended.

\_\_\_\_\_  
Animal Care Supervisor or Qualified Scientist

\_\_\_\_\_  
Date