



**PMC IRB Form**

Name of investigator(s):

Telephone #:

Course and supervisor (if appropriate):

Briefly state the purpose and/or hypothesis of the research:

Please list experimental procedures, the instructions to the subjects and a description of the task required of the subject:



You are required to provide feedback to the subject by means of a short written statement. Please attach a copy of that written debriefing statement to this form. How will that statement be given to the subjects? It will be read when all the girls have completed the surveys.

In addition, you are required to have subjects read and fill out an "informed consent" form. An example of a form is provided. Please attach a copy of your form that you will be using to this request.

Are there any elements of this study which might pose long term or short-term physical or psychological risks for the subject? If no, what procedures have been developed for dealing with these risks?

What has been done to insure privacy of the data? Please indicate any special problems and how you intend to deal with them.

Are there other ethical or safety issues involved in your study? If so, how will you be dealing with them?

I have understand the "Guidelines for research with Human Participants" and agree to conduct my research in light of its recommendations.

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Signed by researcher(s)

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Approved by instructor (if needed)



## IRB Committee Signatures

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Diane Mello-Goldner

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Michele Ramirez

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Melissa Yoffe

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William Vogele



### Sample Parental Consent

As the parent and/or legal guardian of a child who is participating in \_\_\_\_\_, I understand that information is collected throughout the year to evaluate the effectiveness of the program. Data about my child will be periodically collected to assess whether or not the goals of the program are being met. This information may be used for grants and/or research purposes. In addition, I may be asked to provide information about my general impressions of the program and any changes I have observed in my child as a result of the program.

The goal of research is to monitor, evaluate, and improve services at \_\_\_\_\_. All research will be done under direction of \_\_\_\_\_. No child will be identified by name in any research study. Information gathered will be held in strictest confidence and only group data will be shared.

Please understand that your child's participation is voluntary and he/she is free to withdraw at any time. If you have any questions or would like more information about the project, please contact \_\_\_\_\_ at (xxx) xxx-xxxx.

I have read and understand the previous information.

Name (please print) \_\_\_\_\_  
Parent/Guardian

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

\_\_\_\_\_ I agree

\_\_\_\_\_ I decline



## Sample Participant Consent Form

Dear Participant:

has partnered with Pine Manor College to evaluate the effectiveness of the program. The goal is to help and Pine Manor gain a better understanding of

You will be asked to complete an assessment survey today at the beginning of the program, and again later towards the end of the program. Today will be answering some questions about

The information that you share with us will not be shared with anyone outside of the study. No personal information will ever be shared, only that of the group. Although you are signing this form, the pages that follow will only have an identification number on the top. Your participation is completely voluntary and you can decide to skip any questions that you don't want to answer. Your withdrawal from this study will not affect your involvement in the HEY sister program in any way.

Your assistance in completing the surveys allows us to improve the program for next year, and lets us know what things worked, and what things need improvement.

When you fill out the surveys, feel free to ask one of the Pine Manor students, or the program facilitator, , for any help. At the end of this study you will be given further information regarding the purpose and results of the study. You will also receive some information about who to contact if you have any questions or concerns.

If you agree to participate in the study, please sign the form below. Thank you for your time!

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_