NIU, FCS, Child Development Laboratory
Research Application

Faculty members and students who wish to conduct research at the Child Development Laboratory (CDL) must submit this form along with approval from the Ethics Review Board at their college (if applicable). This application will be reviewed by the CDL Advisory Board. You will be notified of the Board’s decision within two weeks.

Name of Researcher: ______________________________ Date of Request: ________________________________

College/Department/Program: ________________________________________________________________

Researcher Phone: ____________________ Researcher E-Mail: ________________________________

Title of the Research Project: ________________________________________________________________

Describe the course assignment or the degree requirement this research is fulfilling: ____________________________________________________________

Do you anticipate that this project will have external funding? Yes No

If yes, from whom: ________________________________________________________________

If this is a research project, have you received the approval of the IRB? Yes No

Only Student Researchers Need to Fill Out this Section

Faculty Member Supervising this Study: ________________________________

Faculty Phone: ____________________ Faculty E-Mail: ________________________________

Please attach a summary answering the following questions:

1. A brief description of the purpose of this research.
2. A brief description of your methodology (attachments as appropriate).
3. What instruments/measurements will be used to obtain data?
4. How many and what age children do you plan to study/observe?
5. When would you like to begin collecting data? When do you expect your data collection will be complete?
6. What are the expected risks and benefits for the children/adults involved in this research project? Be Specific.
7. How do you plan on maintaining the confidentiality of the children/adults involved in the project?
8. What days/times would you like to conduct your research? If you intend to interact with the children you must attach a copy of a consent form that you will be sending home to parents/guardians.

Plan to share copies of accepted manuscripts, papers and presentations based on your involvement at the lab. This documentation is important for our records.

By signing this application, I certify that the above proposal is accurate; that major changes will NOT be made without notifying the CDL; that I agree to consistently maintain all individuals’ confidentiality and to show respect for children, parents, teachers, and their work together; and that I have read and reviewed the Research Policies and Procedures posted online.

Researcher Signature ________________________________ Date ________________________________

Faculty Signature (If Applicable) ________________________________ Date ________________________________

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Approved ____________________ Denied ____________________ Reason Denied: ________________________________

Co-Director for Operations Signature ________________________________ Date ________________________________

Faculty Director Signature ________________________________ Date ________________________________

Master Teacher / Child Development Supervisor Signature ________________________________ Date ________________________________

Please send this application with the observation assignment to Lisa Schmidt – Family and Consumer Sciences OR fax to (815) 752-0023.