

## NORTHLAND COLLEGE INSTITUTIONAL REVIEW BOARD

### CLASS RESEARCH PROJECT EVALUATION FORM

<b>Date of Review:</b>
<b>Faculty Reviewer:</b>
<b>Department:</b>
<b>Course Number and Name:</b>
<b>Student Researcher:</b>
<b>Project Title:</b>

Faculty instructors should complete this form after reviewing the student's application and supporting materials. Complete the checklist and follow up with students as indicated. Check off your final determination and sign this form. Submit this form along with all application materials to the IRB for a confirmation of determination. If you have any questions, contact the IRB at [irb@northland.edu](mailto:irb@northland.edu).

GENERAL CRITERIA	YES	NO
1. Has the student completed an IRB application?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the student completed training on the protection of human participants and submitted a certificate?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the faculty reviewer completed training on the protection of human participants and submitted a certificate?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the project funded? (If yes, list funding sources _____)	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the faculty instructor or student have a conflict of interest?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed study adequate to meet the stated purpose and answer the study question(s)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are the research instruments appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the research involve participants likely to be vulnerable to coercion or undue influence, such as: children, prisoners, pregnant women, persons with mental disabilities, or economically/educationally disadvantaged persons? (If "yes", the research plan should include additional safeguards to protect their rights and welfare).	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the project is complex, or does it involve unusual levels of risk?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the study involve deception? (Research should not be approved if participants are not being informed of aspects they might consider material to a decision to participate. If non-deceptive alternatives are available the research study should not be approved. A debriefing plan is usually necessary unless it would place participants at risk.	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the researcher collect information on illegal activities or policy violations, participants' health or mental health, or other sensitive information (Please specify _____). Researchers and participants should be aware that without a federal certificate of confidentiality, their records may be subpoenaed.	<input type="checkbox"/>	<input type="checkbox"/>
12. Is participation anonymous?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the study being conducted in another institution that requires a separate IRB approval? If so, other IRB approvals must be submitted to the NCIRB.	<input type="checkbox"/>	<input type="checkbox"/>
14. Will the results be presented outside of the classroom?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you believe this study meets criteria for exempt status? (Criteria described in the NCIRB policies and procedures and in CFR Title 45 Part 46.101.b <a href="http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.101">http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.101</a> ). If so, indicate applicable criteria here: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

<b>RISKS AND BENEFITS</b>	<b>YES</b>	<b>NO</b>
16. Does the study involve more than minimal risk? Minimal risk is defined as “the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.” Risks may include physical, psychological, legal, social, and economic risks.		
17. Are risks to subjects minimized by using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk?		
18. If applicable, are risks to subjects minimized, whenever appropriate, by using procedures already being performed the subjects for diagnostic or treatment purposes?		
19. Are risks to subjects reasonable in relation to both a) Anticipated benefits, if any, to subjects; and b) The importance of the knowledge that may reasonably be expected to result?		
20. Does the study involve more than minimal risk or study is a clinical trial (including medical or behavioral interventions)? If so, the research plan should make adequate provision for monitoring the data collected to ensure the safety of subjects through a Data and Safety Monitoring Plan or, for larger studies, a Data and Safety Monitoring Board.		

<b>PARTICIPANT SELECTION AND RECRUITMENT</b>	<b>YES</b>	<b>NO</b>
21. Participant selection is equitable and appropriate in relation to the purposes of the research and the setting in which the research will be conducted.		
22. The recruitment process and materials are appropriate and minimize the potential for undue influence or coercion.		
23. Compensation – Are the amount of payment or the proposed method and timing of disbursement coercive or present potential for undue influence?		

<b>INFORMED CONSENT</b>	<b>YES</b>	<b>NO</b>
24. Informed consent is sought from each prospective subject or the subject's legally authorized representative and appropriately documented in accordance with, and to the extent required by 45 CFR 46.116 and 45 CFR 46.117, OR there is a waiver/modification of consent or signed consent consistent with 45 CFR 46.116 and 45 CFR 46.117.		

<b>CONFIDENTIALITY</b>	<b>YES</b>	<b>NO</b>
25. Does the research plan makes adequate provisions to protect the privacy of subjects?		
26. Does the research plan make adequate provisions to maintain the confidentiality of data?		

- Requires follow up
- Requires modification for approval

Faculty Instructor, check on the appropriate determination:

- Approve (Keep a copy of this form, give a copy to the student, and submit a copy to the IRB)
- Disapprove (Give a copy to the student to inform necessary revisions)
- Refer to the IRB (Keep a copy of this form, give one copy to the student)

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

Submit this form along with all application materials to the IRB for a **confirmation of determination**. If you have any questions contact the IRB t [irb@northland.edu](mailto:irb@northland.edu).