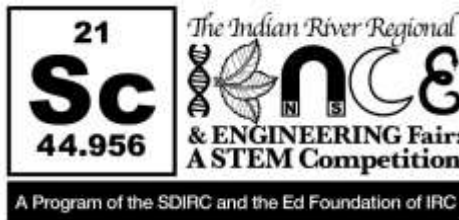


What kind of project is this?

- Entire Class
- Class Group
- Individual Student
- Student Team



Form 2 Human Subject Form

Elementary Form for IRRSEF Approval

This form must be completed PRIOR to starting experimentation

Project Title:			
Researcher/Presenter Name(s):		Grade:	
		Grade:	
Teacher Name:			
School:			

Human Subjects Information:

Attach Form 1 that lists your **complete** experimental procedures

Describe what the human test subjects will be doing in your project and explain how you will ensure their safety (use back or another sheet if more room is needed):

School Science Coordinator Signature:

To be completed by IRRSEF District Science Specialist

The Project as described is:

- Acceptable, you may begin your project
 Parental Consent Form 2B needed for all Participants
 Not Acceptable/Unsafe; project must be revised

Comments:

SDIRC District Science Specialist:

Date: