**CSUSB Infant/Toddler Lab School**

**I. Contact Information**

Investigator(s)



E-mail address



Phone number



**II. University Affiliation**

Investigator(s)

   Undergraduate

   Graduate

   Faculty

   Other - Please Specify:



Departmental Affiliation:



**III. If research is being conducted under faculty supervision, please give name of project advisor and department.**

Project Advisor Name



Project Advisor Department



**IV. Title of Research Project**

Please write your title of research project.



**V. Project Date(s)**

Please specify date(s) when research will be conducted: From\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_

**VI. Classroom(s)/Age(s) with which research will be conducted:**



   Infants (6 months-17 months)

   Toddlers (18 m onths-36 months)

**VII. Research will satisfy:**

   Thesis

   Dissertation

   Other - Please specify:



**VIII. What sources of funding (if any) are being used to support this research (for our record keeping purposes only)?**



**IX. Since the majority of the ITLS staff is involved to some degree in research conducted in the Lab, it is necessary to have information about the proposed project. Please supply the specifics requested in the next section. This will enable the ITLS staff to more effectively assist you in implementing this research. Provide this information on a separate sheet and attach to this form.**

[A] A brief description of the nature and purpose of the proposed study.



[B] Procedures to be employed in carrying out the study. This should include the method of data collection, age, number and gender of subjects, time requirements, etc. required to complete each phase of the research.



[C] Names and qualifications of assistants to the principal investigators



**X. Has this study received IRB approval?**

   Yes

   No

   Where is a copy of this clearance on file? (Please Specify)