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**Institutional Review Board (IRB)**

**FULL RESEARCH REVIEW FORM**

*Students/Researchers are required to complete this form (Sections A & D).*

*Supervisor/s are required to approve the research before sending it to the IRB for full approval (Section B).*

*The IRB must approve the research before the researcher may begin research (Section C).*

SECTION A: To Be Completed by Student

*Please complete in font Times New Roman 12.*

*Please check that you have completed all the following before submission to the IRB.*

Last Name/s:

First Name/s:

IIRP Student ID/s:

Email:

Telephone/Cell:

PHRP Certificate Number:

Date Issued:

IIRP Graduate Course Code: RP

Duration of Course:

Start Date:

Completion Date:

Name of Supervisor (Instructor/Professor):

**1. Title**

|  |
| --- |
|  |

**2. Summary** (approximately 250 words)

|  |
| --- |
|  |

**3. Aim/Purpose of study**

|  |
| --- |
|  |

1. **Rationale for the Study and Research Questions** (Give clear reasons why the Study/Research  
   is necessary and indicate potential value of the study in about 4-5 concise statements.)

|  |
| --- |
|  |

**5.** **Literature review** (Include any controversies, gaps and/or shortcomings in general knowledge   
in the literature — maximum of 1,000 words.)

|  |
| --- |
|  |

**6. Research Design** (Research Methods) (You are advised to consider study type, data collection tools  
and statistical methods.)

|  |
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|  |

**7. References** (pertaining to entire document)

|  |
| --- |
|  |

**8. Budget** (***Please note:*** IIRP does not provide funding for research. However, researchers are required to include a basic budget outlining anticipated or incurred costs for transparency and review purposes. If external funding is secured, this must be clearly indicated, including the source and amount.)

**REQUEST FOR FUNDING OF THE PROJECT** (give details)

|  |  |
| --- | --- |
| **ITEM** | **COST** |
| 1. Consumables 2. Outside Specialist Services (e.g., testing services) | $  $ |
|  |  |
| **GRAND TOTAL** | **$** |

I HEREBY DECLARE THAT THE ABOVE FACTS ARE CORRECT.

I ACKNOWLEDGE THAT:

(1) I have a current PHRP certificate protecting human participants.

(2) I have the responsibility to determine that the study/research is being or has been conducted.

I will adhere to the Institution’s Research Ethics Policy as it relates to my research.

Signature of Applicant:

Date:

# SECTION B: To be completed by Professor/Lecturer and forwarded to the IRB Chair

Full name of professor/lecturer of record:

This research project has been reviewed and complies with the IIRP Graduate School ethical policies   
and HHS regulations (45 CFR 46) as documented.

I approve the proposed project.

Signature of Supervisor/Professor of Record:

Date:

# SECTION C: To be completed by the IRB Chair

The IRB Chair recommends that the above detailed research be:

Accepted

Rejected for the following reasons (detail the reasons):

Accepted with conditions (detail the conditions):

Printed Name of IRB Committee Chair:

Signature of IRB Committee Chair:

Date:

IRB Committee Members:

Dr. Gina Abrams; Dr. Gale Burford; Dr. Borbala Fellegi;

Zeau Modig; Dr. Daniel Perkins; Dr. Frida Rundell (Chair).

**SECTION D: To be completed by Researcher and reviewed by the IRB committee**

**1. SAFETY**

The proposed study/research is categorized as study/research   
(Supervisor/Professor of Record/Primary Researcher to tick the appropriate box):

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| On humans and organizations |  |  |
| On animals |  |  |
| Involving the environment |  |  |

This research project has been reviewed and complies with the International Institute of Restorative Practices’ Research Ethics Policy (the General Guidelines and the General and the Specific Guidelines for the Ethical Conduct of Research), HHS regulations (45CFR46), and Assurance of Compliance.

###### Comments:

###### 

Signature of Supervisor/Professor of Record Date

Signature of IRB Member Date

Signature of IRB Chair Date

# SECTION D, continued

**ETHICAL ISSUES CHECKLIST FOR FULL RESEARCH APPROVAL**

To be completed by all people wishing to conduct research under the auspices of the International Institute   
for Restorative Practices.

1. Use the IIRP Graduate School’s Ethics Policy and Guidelines to ensure that ethical issues have been identified and addressed in the most appropriate manner, before finalizing and submitting your research proposal.

2. Please indicate [by an X as appropriate] which of the following ethical issues could impact your research.

3. Please type the motivations/further explanations where required in the cell headed COMMENTS.

4. The highlighted response cells indicate those responses that are of particular interest to   
the Ethics Committee.

|  | QUESTION | YES | **NO** | **N/A** |
| --- | --- | --- | --- | --- |
|  | *DECEPTION* |  |  |  |
| 1. | Is deception of any kind to be used? If so, provide a motivation for acceptability. |  |  |  |
| COMMENTS: | | | | |
| 2. | Will the research involve the use of no-treatment or placebo control conditions? If yes, explain how subjects’ interests will be protected. |  |  |  |
| COMMENTS: | | | | |
|  | *CONFIDENTIALITY* |  |  |  |
| 3. | Does the data collection process involve access to confidential personal data (including access to data for purposes other than this particular research project) without prior consent of subjects? If yes, motivate the necessity. |  |  |  |
| COMMENTS: | | | | |
| 4. | Will the data be collected and disseminated in a manner that will ensure confidentiality of the data and the identity of the participants? Explain your answer. |  |  |  |
| COMMENTS: | | | | |
| 5. | Will the materials obtained be stored and ultimately disposed of in a manner that will ensure confidentiality of the participants? If no, explain. If yes, specify how long the confidential data will be retained after the study and how it will be disposed of. |  |  |  |
| COMMENTS: | | | | |
| 6. | Will the research involve access to data banks that are subject to privacy legislation? If yes, specify and explain the necessity. |  |  |  |
| COMMENTS: | | | | |
|  | *RECRUITMENT* |  |  |  |
| 7. | Does recruitment involve a direct personal approach from the researchers to the potential subjects? Explain the recruitment process. |  |  |  |
| COMMENTS: | | | | |
| 8. | Are participants linked to the researcher in a particular relationship – for example employees, students, family? If yes, specify how. |  |  |  |
| COMMENTS: | | | | |
| 9. | If yes to 8, is there any pressure from researchers or others that might influence the potential subjects to enroll? Elaborate. |  |  |  |
| COMMENTS: | | | | |
| 10. | Does recruitment involve the circulation/publication of an advertisement, circular, letter etc.? Specify. |  |  |  |
| COMMENTS: | | | | |
| 11. | Will subjects receive any financial or other benefits as a result of participation? If yes, explain the nature of the reward, and safeguards. |  |  |  |
| COMMENTS: | | | | |
| 12. | Is the research targeting any particular ethnic or community group? If yes, motivate why it is necessary/acceptable. If you have not consulted a representative of this group, give a reason. In addition, explain any consultative processes, identifying participants. Should consultation not take place, give a motivation. |  |  |  |
| COMMENTS: | | | | |
|  | *INFORMED CONSENT* |  |  |  |
| 13. | Does the research fulfill the criteria for informed consent? (See guidelines.) If yes, no further answer is needed. If no, please specify how and why. |  |  |  |
| COMMENTS: | | | | |
| 14. | Does consent need to be obtained from special and vulnerable groups. (See guidelines.) If yes, describe the nature of the group and the procedures used to obtain permission. |  |  |  |
| COMMENTS: | | | | |
| 15. | Will a Subject Information Letter be provided and a written consent be obtained? If no, explain. If yes, attach copies to proposal. In the case of subjects who are not familiar with English (e.g., it is a second language), explain what arrangements will be made to ensure comprehension of the Subject Information Letter, Informed Consent Form and other questionnaires/documents. |  |  |  |
| COMMENTS: | | | | |
| 16. | Will results of the study be made available to those interested?  If no, explain why. If yes, explain how. |  |  |  |
| COMMENTS: | | | | |
|  | *RISKS TO SUBJECTS* |  |  |  |
| 17. | Will participants be asked to perform any acts or make statements which might be expected to cause discomfort, compromise them, diminish self-esteem or cause them to experience embarrassment or regret? If yes, explain. |  |  |  |
| COMMENTS: | | | | |
| 18. | Might any aspect of your study reasonably be expected to place the participant at risk of criminal or civil liability? If yes, explain. |  |  |  |
| COMMENTS: | | | | |
| 19. | Might any aspect of your study reasonably be expected to place the participant at risk of damage to their financial standing or social standing or employability? If yes, explain. |  |  |  |
| COMMENTS: | | | | |
| 20. | Does the protocol require any physically invasive, or potentially harmful procedures (e.g., drug administration, needle insertion, rectal probe, pharyngeal foreign body, electrical or electromagnetic stimulation, etc.?) If yes, please outline below the procedures and what safety precautions will be used. |  |  |  |
| COMMENTS: | | | | |
| 21. | Will any treatment be used with potentially unpleasant or harmful side effects? If yes, explain the nature of the side-effects and how they will be minimized. |  |  |  |
| COMMENTS: | | | | |
| 22. | Does the research involve any questions, stimuli, tasks, investigations or procedures which may be experienced by participants as stressful, anxiety producing, noxious, aversive or unpleasant during or after the research procedures? If yes, explain. |  |  |  |
| COMMENTS: | | | | |
| 23. | Are any drugs/devices to be administered? If yes, list any drugs/devices to be used and their approved status. |  |  |  |
| COMMENTS: | | | | |
| 24. | Will participants be fingerprinted or DNA "fingerprinted"? If yes, motivate why necessary and state how such is to be managed and controlled. |  |  |  |
| COMMENTS: | | | | |
|  | *BENEFITS* |  |  |  |
| 25. | Is this research expected to benefit the subjects directly or indirectly? Explain any such benefits. |  |  |  |
| COMMENTS: | | | | |
| 26. | Does the researcher expect to obtain any direct or indirect financial or other benefits from conducting the research? If yes, explain. |  |  |  |
| COMMENTS: | | | | |
|  | *SPONSORS: INTERESTS AND INDEMNITY* |  |  |  |
| 27. | Will this research be undertaken on behalf of or at the request of another educational entity or any other sponsor? If yes, identify the entity. |  |  |  |
| COMMENTS: | | | | |
| 28. | If yes to 27, will that entity undertake in writing to abide by the International Institute for Restorative Practices’ IRB Ethics Policy and Guidelines? If yes, do not explain further. If no, explain. |  |  |  |
| COMMENTS: | | | | |
| 29. | If yes to 28, will that entity undertake in writing to indemnify the institution and the researchers? If yes, do not explain further. If no, explain. |  |  |  |
| COMMENTS: | | | | |
| 30. | Does permission need to be obtained in terms of the location of the study? If yes, indicate how permission is to be obtained. |  |  |  |
| COMMENTS: | | | | |
| 31. | Does the researcher have indemnity cover relating to research activities? If yes, specify. If no, explain why not. |  |  |  |
| COMMENTS: | | | | |
| 32. | Does the researcher have any affiliation with, or financial involvement in, any organization or entity with direct or indirect interests in the subject matter or materials of this research? If yes, specify. |  |  |  |
| COMMENTS: | | | | |

The undersigned declare that the above questions have been answered truthfully and accurately.

Printed Name of Researcher:

Signature of Researcher:

Date:

Printed Name of Supervisor/Professor:

Signature of Supervisor/Professor:

Date:

Printed Name of IRB Committee Member:

Signature of IRB Committee Member:

Date: