MONMOUTH UNIVERSITY I.R.B.

INFORMED CONSENT FOR:

Social Exclusion and Pro-social Behavior

Researcher's Name: Dr. Dono Research E-mail address: dono@monmouth.edu	Researcher's Phone Number: 732-555-5555
I am engaged in a research study of psycholo help gain further insights into this topic, I will a	gy. The purpose of this research is: learn about people. To ask you to:
complete several activities	
This study has no risks or benefits to you.	
You can ask questions about the research seeme at home, 732-555-5555 or via e-mail at do	study or about being a participant at any time or by calling ono@monmouth.edu
Signing your name below indicates that you had and that you agree to participate in this study.	ave read and understand the contents of this Consent Form
Consent I have read the above information and I conse	ent to participation in this research endeavor.
Participant's Signature	
Printed Name	
 Date	

Mock IRB: Response Sheet

Determining the Ethical Conduct of Psychological Research

<u>Instructions</u>: Your group will serve as the university Institutional Review Board (IRB) and review a research proposal. The goal is to determine the whether the proposed study meets the ethical guidelines of the IRB and may be conducted at your university. To complete this assignment, carefully review the proposal. For each section, specify any potential problems, if any, and make suggests for revision. You do not need to re-write this proposal just point out areas of concern and how to improve the application in the spaces provided. An approved proposal is provided for reference.

RESEARCH PROJECT DESCRIPTION

1. Purpose of the Study:
2. Rationale for the Study:
3. Research Question or Hypothesis(es):
4. Research Design:
5. Describe in Detail the Data Collection Procedure:
6. Plan for Data Analysis:

SAMPLING METHOD AND PARTICIPANT REQUIREMENTS:

Mock IRB: Response Sheet

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Mock IRB: Response Sheet

Mock IRB: Response Sheet 11

DATA COLLECTION AND CONFIDENTIALITY

1.	Please indicate if you will use any/all of the following: [] Audio recording		
	[] Video recording [] Other [] N/A Specify		
	[] N/A Specify		
2.	What procedure(s) will you use to ensure confidentiality of the data?		
3.	Will identification numbers be assigned to each participant and used on data collection forms to protect the participant(s) responses? [] Yes [] No		
	If Yes, who will assign the identification numbers?		
4.	Who will have access to the list that identifies participants and the assigned identification numbers?		
5. Where, how and how long will the data from the study be stored?			
RISKS TO RESEARCH PARTICIPANTS			
1.	Immediate Risks:		
2.	Long-Range Risks:		

3. If there are immediate or long-term risks to the participant, how will you mitigate these risks?

Mock IRB: Response Sheet 12 **BENEFITS TO RESEARCH PARTICIPANTS** 1. Describe any benefits participants may receive as part of volunteering in your study. 2. Will participants be compensated for their time? [] Yes (please explain) [] No **<u>DECEPTION</u>** If no deception will be used, Please mark an X and skip to section L. [] 1. Will you be utilizing deception? [] Yes [] No 2. What is the nature of the deception involved? 3. Why is this deception necessary?

4. If deception is employed, describe the procedure you will use to debrief your subjects?

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1. Will you debrief participants? [] Yes [] No				
2. How will debriefing take place?				
Final Decision Do the potential benefits exceed the potential costs of participating in this research? Explain.				
Make a decision about the IRB application under review:				
[] Not Approved: [] Approved				