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| **Research/Evaluation Proposal Impact AssessmentDCF ORE Use Only** |
| **Proposal Number:** | **Date Received:**  |

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| **Instructions: Please respond to all questions; type N/A if a question is not applicable. Return completed form via e-mail to the DCF IRB at** **dcf.irb@ct.gov****. Incomplete information is likely to result in processing delays. According to the Department of Health and Human Services Protection of Human Subjects, 45 CFR § 46, research is “a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge”.**  |

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| **Part Ia. Identifying Information** |
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| 1. Principal Investigator's Name (PI):  |       |
| Principal Investigator's Title: |       |
| Academic Degree(s):  |       |
| Organization/Agency: |       |
| Street Address: |       |
| City, State, Zip Code: |       |
| Telephone: |       |
| Email Address: |       |
| **Part Ib. Identifying Information** |
|  |
| 1. Principal Investigator's Name (PI):  |       |
| Principal Investigator's Title: |       |
| Academic Degree(s):  |       |
| Organization/Agency: |       |
| Street Address: |       |
| City, State, Zip Code: |       |
| Telephone: |       |
| Email Address: |       |

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| 2. Is the Project part of your work for an academic institution or other organization? |
| [ ]  No |
| [ ]  Yes | a. Identify the institution/organization: |       |
|  | b. Your position:  |       |
| 3. Is the Project part of your academic requirements as a student? |
| [ ]  No |
| [ ]  Yes | a. Name of your Research advisor: |       |
|  | b. Is your academic institution IRB also reviewing the Research? |  |
|   |  | [ ]  Yes  |
|  |  | [ ]  No. Explain why: |       |
| 4. Are you DCF employed/affiliated? |
| [ ]  No |
| [ ]  Yes | a. DCF position/affiliation:  |       |
|  | b. Briefly state how your DCF position/affiliation relates to the Project, if applicable: |       |

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| **Part II. Proposed Project Information** |
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| 5. Title of the Project: |       |
| 6. Motivation/rationale for the Project: |       |
| 7. Hypothesis, Project question(s), goals or objectives: |       |
| 8. Brief description of the Project Design/Methodology: |       |
| 9. Expected Benefits to Subjects: |       |
| 10. Expected Risks/Burdens to Subjects: |       |
| 11. Expected Results of the Project: |       |
| 12. Will the Project exclude subjects based on their language, racial/ethnic/cultural background, religion, gender or sexual orientation? |
| [ ]  No |
| [ ]  Yes. Explain the reasons: |       |
| 13. Have other IRB(s) reviewed, or in the process of reviewing, the proposed Project? |
| [ ]  No. Explain the reasons: |       |
| [ ]  Yes |  |
|  | a. Name of other IRB(s): |       |
|  | b. Outcome of review(s):\* |       |
|  | *\*Note: Approvals from all involved IRB(s), including the DCF IRB, are required before initiating the Project.* |
| 14. Projected start and end dates for the Project:  |       |
| 15. Specific sites/settings involved or proposed for the Project and the reasons for selecting them:  |       |
| 16. Projected overall total number of subjects for the Project: |       |
|  | a. Child Subjects Total: |       |
|  | b. Adult Subjects Total: |       |
|  | c. Family Subjects Total: |       |
| 17. Project funding source(s): |       |
| 18. Name of all sponsors for the Project: |       |
| 19. Please describe how you intend to disseminate the results of your project (e.g., written report to DCF or other agency/ organization, dissertation, web site, or journal article); also include any meetings or conferences where you will present the data and the results of your project. |
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| **Part III. Proposed Project Benefit and Impact for DCF** |
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| 20. Specific value/benefit(s) of the Project to DCF:  |       |
| 21. What is the projected percent of the total subjects/participants that will be DCF involved:  |
|  | a. DCF involved children %:  |       |
|  | b. DCF involved family %:  |       |
|  | c. DCF foster family %:  |       |
|  | d. DCF staff %:  |       |
|  |  | i. Identify the positions of the DCF staff who will be subjects:  |       |
| 22. Will the Project require DCF staff to sign parent/guardian informed consent? |
| [ ]  Yes |
| [ ]  No |
| 23. Will the Project require DCF staff to explain and obtain: |
|  | a. Parent/Guardian informed consent:  | [ ]  Yes | [ ]  No |
|  | b. Child informed assent/consent:  | [ ]  Yes | [ ]  No |
|  | c. Informed consent from other adults:  | [ ]  Yes | [ ]  No |
|  |  | i. Identify the other adults (e.g., foster parents, youth ≥18 years old etc.):  |       |
| 24. Will the Project require DCF staff to identify/select or recruit/recommend subjects? |
| [ ]  No |
| [ ]  Yes. Briefly describe DCF staff involvement in subject identification/selection or recruitment/recommendation:  |       |
| 25. Will the Project require DCF staff to extract data from agency databases? |
| [ ]  No |
| [ ]  Yes. Briefly describe the types of data and timeframes:  |       |
| 26. Will the Project require DCF staff to oversee or administer data collection (e.g., surveys, pre/post tests, etc.)? |
| [ ]  No |  |
| [ ]  Yes. Briefly describe DCF staff oversight or administration: |       |
| 27. Identify any other likely roles/types of DCF staff involvement and explain for what purposes and over what time frame:  |       |
| 28. What are the projected total hours per week, broken down by position/roles/types, required of DCF staff as subjects?  |       |
| 29. What are the projected total hours per week, broken down by position/roles/types, required of DCF staff as support?  |       |
| 30. Identify any other resource implications for DCF (e.g., fiscal):  |       |
| 31. Present any other information pertaining to DCF:  |       |