

2024-2025

**Campus Institutional Review Board
Proposal Committee Feedback and Approval Form**

Proposal Number. _____

Campus _____

Domain for Review	Institutional Review Board Feedback
<p align="center">Ethical Concerns</p> <p>Does the intended research provide for the ethical treatment of living subjects and resources?</p> <p><i>Checklist:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> There is no alteration of living subjects in either a physical or psychological manner. <input type="checkbox"/> There is no interference with a pre-existing condition. <input type="checkbox"/> A sufficiently details Informed Consent Form will be provided to all subjects. <input type="checkbox"/> The project procedures to obtain consent from study participants are included and appropriate. <input type="checkbox"/> A debriefing/dehoaxing of individuals once research is complete is planned. <input type="checkbox"/> Protection of data collected about living subjects is thoroughly addressed. <input type="checkbox"/> The research give proper consideration to populations at risk or protected. 	
<p align="center">Representation of Institution</p> <p>Does the intended research provide for the appropriate representation of Katy ISD as an institution?</p> <p><i>Checklist:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> The research will not expose the campus or district to negative press. <input type="checkbox"/> The research will not result in an excessive waste of class time for any research subjects. <input type="checkbox"/> The research will not excessively waste campus or district resources. <input type="checkbox"/> The research will not result in overexposure or saturation of faculty, staff, or students. 	
<p align="center">Methodology Concerns</p> <p>Is the methodology of the research study correct, thorough, and complete?</p> <p><i>Checklist:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> There is no missing information or instructions. <input type="checkbox"/> Instruments for research are sound. <input type="checkbox"/> Methodology accurately correlates to research question <input type="checkbox"/> All artifacts or items that need to be prepared prior to research are present. <input type="checkbox"/> Procedures are complete. <input type="checkbox"/> Participant demographics are clear and correlate to the research question. <input type="checkbox"/> Participant selection is unbiased. 	



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Other Concerns List any further concerns regarding this of this research study.	

Campus IRB Review

Date:

Reviewers:

Comments:

The Campus Institutional Review Board finds this research to be:

☐ Approved

☐ Approved with Modifications

☐ Denied

Items that Require Modification

Please reference and adhere to the modifications from the domains checked below.

- ☐ Ethical Considerations
- ☐ Representation of Institution
- ☐ Methodology Concerns
- ☐ Other Concerns

Notification of any affected campuses completed?

Circle one:

YES or **Not Applicable**

Completed on: / /

By:

Comments:

Office of Advanced Academics Review

Date:

Reviewers:

Comments:

Send to Daniella Sanchez in GT/AAS at the ESC.



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**Campus Institutional Review Board
Proposal Committee Feedback and Approval Form**

Signatures of Institutional Review Board Committee Members

Proposal Number: _____

Committee Member 1

Print Name: _____

Signature: _____

Date: _____

Committee Member 2

Print Name: _____

Signature: _____

Date: _____

Committee Member 3

Print Name: _____

Signature: _____

Date: _____

Any warranted additional signatures:

Print Name: _____

Signature: _____

Date: _____

Reason: _____

Researcher Communication Confirmation

I, _____, understand that I must adhere to the feedback and modifications provided in this document. Failure to do so will void any and all research conducted in my study. If I have questions regarding the modifications required, I must consult a member of the committee prior to continuing my research.

Print Name: _____

Signature: _____

Date: _____