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**DEBRIEFING FORM**

**FOR IRB REVIEW OF RESEARCH INVOLVING HUMAN SUBJECTS**

**Form must be typed—HANDWRITTEN DOCUMENTS will not be accepted.**

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| --- | --- | --- | --- | --- |
| **1. Research Project** | | | | |
| Protocol Title: | | | | |
| **2. Principal Investigator (PI) [Complete 2a and 2b]** | | | | |
| **2a. STUDENT PI \* (To be completed by student investigator before sending to faculty**  **member)** | | | | |
| Name: | Telephone: xxx-xxx-xxxx | | | Email: |
| Class Research Project Course # and Name\*\*: | | | | |
| Independent Research Project | | | | |
| Faculty Sponsor: | | Faculty Sponsor Email: | | |
| **2b. FACULTY MEMBER (Do not complete this section if you are a student.)** | | | | |
| Name:  Email: | | | Department:  Telephone: xxx-xxx-xxxx | |
| **3. Reason for the Use of Deception** | | | | |
| Please explain the reason for using deception in your research project (i.e., for validity, to obtain valid data without serious risk to participants, to obtain information people cannot validly self-report). | | | | |
| **4. Type of Deception** | | | | |
| What example(s) best describe the use of deception in your research project? *(check all that apply)*  Misleading disclosure (i.e., lack of accurate disclosure by withholding specific information about research, misinforming participants about research)  Fake or rigged instruments or procedures  Misleading play-acting in experimental design: researcher, confederates  Covert procedures (i.e., observation behind a one-way mirror)  Covert research (i.e., undercover observation, staged experiment in public place)  Other (specify) | | | | |
| **5. Debriefing Statement** | | | | |
| ***If the research involves deception, please include a written debriefing statement. Develop the statement in a way that addresses the points in the “debriefing checklist” below.*** | | | | |
| **6. Signatures** | | | | |
| Click here to enter a date. | | | | |
| ***Signature of Principal Investigator\*\* Date*** | | | | |
| Click here to enter a date. | | | | |
| ***Signature of Supervisory Faculty Member\*\* Date*** | | | | |

***\*\* A handwritten signature is not needed if this form is emailed from a Lawrence University email account. Please type in name and date and submit to*** [***irb@lawrence.edu***](mailto:irb@lawrence.edu)***.***

***A handwritten signature is required if this form is not emailed from a Lawrence University email account. Please mail this form including the handwritten signature to Lawrence University, IRB c/o Office of the Provost, 711 E. Boldt Way, Appleton, WI, 54911.***

**DEBRIEFING CHECKLIST**

* Purpose of study
* Nature and hypotheses of the study
* Other research findings
* Be sure to explain other research in lay terms (avoid jargon or terms that the average person might not understand) and with GREAT sensitivity to how people may be relating other research findings to their performance in your study.
* Complete explanation of any deceptions
* Opportunities for participants to:
  + Provide researchers feedback
  + Ask questions
  + Reflect on their impressions of the experience
* Date of when participants will receive summary of the results
  + If you are a student, do NOT promise that you will provide participants with a summary of your results unless you can guarantee that you WILL do it by the last day of classes for the term.