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| **Research/Evaluation Proposal Impact Assessment DCF 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**](mailto: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: | | |  | |