LSU Early Child Education Laboratory Preschool Proposal Form

Please complete the following research proposal form at least 30 days prior to your proposed research date. IRB approval or waiver must be submitted along with this form. Proposals will be reviewed by the LSU Early Childhood Education Faculty and a response will be provided within 10 business days.

**Contact Information**

Lead Investigator(s):_____________________________________________________

Address_______________________________________________________________

Daytime Phone (with area code)___________________________________________

Evening Phone (with area code)___________________________________________

E-mail address________________________________________________________________

**University Affiliation**

University/College:_______________________________________________________

Department:_____________________________________________________________

Name and classification of investigator(s):

Undergraduate _______________________________________________________
Graduate_____________________________________________________________
Faculty_______________________________________________________________
Other - Please specify:___________________________________________________

If research is being conducted under faculty supervision, please give name of project advisor and department.

Project Advisor Name:___________________________________________________

Project Advisor Department:_____________________________________________
Research Project Information:

1. Title of research project:

2. Proposed date(s) when research will be conducted:

   From___________________ To_____________________

3. Age(s) with which research will be conducted:_______________________________

4. Is there a specific activity or time of the day during which you will need to collect data?  ______No                 ______Yes

   If yes, indicate the preferred time(s) or activity.

   ______________________________________________________________________

5. Research will satisfy:

   ______Class assignment; Class Name________________________________________

   ______Thesis

   ______Dissertation

   ______Other - Please specify :_____________________________________________

6. What sources of funding (if any) are being used to support this research (for our record keeping purposes only)?______________________________
Research Project Description:
Please supply a copy of your IRB which should include the following information:

1. A brief description of the nature and purpose of the proposed study.

2. Procedures to be employed in carrying out the study. This should include the method of data collection, age, number and gender of subjects, time requirements, etc. required to complete each phase of the research.

3. Names and qualifications of assistants to the principal investigators

If your IRB does not clearly explain the above information, you may attach a separate piece of paper with more details. Please note that all researchers who will work with children must submit a background check prior to the start of the research project. Please see the director for more details.