

Date of submission _____

The information below should be submitted to Dr. Ivy Chong to review the proposed research to be conducted at the Scott Center for Autism Treatment. Please utilize lay terms whenever possible, providing adequate detail to allow determination of what you will be doing and why.

PART 1 – CONTACT INFORMATION

Principal Investigator _____ Co-Investigator _____
 PI Contact # _____ CI Contact # _____
 Email _____ Email _____

PART 2 – PROJECT DESCRIPTION

Title of project _____
 Anticipated State Date _____ Anticipated Project Duration _____

PART 3 – RESEARCH DESCRIPTION

1. The rationale and purpose of the study (why is it necessary):

2. Provide a description of the participants (i.e., inclusion and exclusion criteria):

3. Summarize the materials/instruments required, design and procedure(s):

4. List the assessments, questionnaires, surveys and interviews expected to be implemented. Include sample copies of each document:

5. Provide a copy of both the Institutional Review Board (IRB) application, informed consent form and any documents that will be used for recruitment purposes.

<input type="checkbox"/> IRB Application	<input type="checkbox"/> Child Assent (if applicable)
<input type="checkbox"/> Informed Consent	<input type="checkbox"/> Recruitment form(s) including flyer (required)

I agree that I will not contact the participants' families until I have been authorized to do so by a representative of the Scott Center. I understand that this application is for proposal purposes only, in that submitting this document does not allow me to begin the proposed research. Failure to adhere to these specifications may result in denial of a proposed project or suspension of a project already in progress.

Principal Investigator Signature _____ Date _____
 Co-Investigator Signature _____ Date _____

Attended Scott Center Orientation (entire session): Yes No Date attended _____