

WESTERN MICHIGAN UNIVERSITY

Human Subjects Institutional Review Board APPLICATION FOR PROJECT REVIEW

I. BASIC INFORMATION

PROJECT TITLE: LEADERSHIP STYLES INVENTORY OF MICHIGAN CTE AREA CENTER
PRINCIPALS AS PERCEIVED BY THEIR SUBORDINATES

WMU INVESTIGATORS

PRINCIPAL INVESTIGATOR OR ADVISOR

Name: Carl A. Woloszyk Degree Attained: PhD, ThD, PhL, PhB
Department: FCS Title: Professor
Electronic Mail Address: carl.woloszyk@wmich.edu
Street or Campus Address: 1018 Trimpe
City: Kalamzoo State: MI ZIP: 49008
Office Phone: 269-387-3721 Home Phone: 989-734-0488

CO-PRINCIPAL OR STUDENT INVESTIGATOR

Name: Alan D. Papendick Degree Attained: MA, MS, MBA, MSW
Department: Title: Select one
Electronic Mail Address: papen1ad@cmich.edu
Street or Campus Address: 3700 Swede Avenue
City: Midland State: MI ZIP: 48642-6238
Office Phone: 989-774-7692 Home Phone: 989-835-1383

If this is a student investigator, please indicate status:

Undergraduate Master level student Doctoral level student

and level of involvement in the research:

Assisting Faculty Research Thesis Dissertation Other (please specify):

CO-PRINCIPAL OR STUDENT INVESTIGATOR

Name: Degree Attained: Select one
Department: Title: Select one
Electronic Mail Address:
Street or Campus Address:
City: State: ZIP:
Office Phone: Home Phone:

If this is a student investigator, please indicate status:

Undergraduate Master level student Doctoral level student

and level of involvement in the research:

Assisting Faculty Research Thesis Dissertation Other (please specify):

If there are more WMU investigators, please complete the "Additional WMU Investigators" form

COLLABORATING INVESTIGATORS AND AFFILIATIONS

Name: Ms. Courtney Hulce Affiliation: Central Michigan University
Name: Affiliation:
Name: Affiliation:

PROPOSED PROJECT DURATION: From (mm/dd/yy): 05/28/04 To (mm/dd/yy): 05/27/05
(date following anticipated approval) (maximum one year later)

II. TARGETED PARTICIPANT POOL

Total number of subjects: 464 Number of subjects in the control group: 0
Age range (lower limit – upper limit): 21 - 65 Gender: Both Ethnic Minority: None/Not applicable
Inclusionary criteria: An Area Center Principal and seven Principal selected subordinates.
Exclusionary criteria: Not receiving an email invitation to participate
Source of participants: Career and Technical Education Area Center buildings, 1 Principal and 7 Principal selected subordinates each.
Length of participation (x min/session, y sessions, over z months): 15 min/session, 1 sessions, 1.5 months

Participants in Special Consideration Categories: (Check all that apply.)

- | | |
|--|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Military personnel |
| <input type="checkbox"/> Children (age range:) | <input type="checkbox"/> Wards |
| <input type="checkbox"/> Cognitively impaired persons | <input type="checkbox"/> Institutionalized individuals |
| <input type="checkbox"/> Prisoners | <input type="checkbox"/> Non-English speaking individuals |
| <input type="checkbox"/> Pregnant or lactating women | <input type="checkbox"/> Students |
| <input type="checkbox"/> Blind individuals | |
| <input type="checkbox"/> Other subjects whose life circumstances may interfere with their ability to make free choice in consenting to take part in research (please specify): | |

III. Funding and Research Site

Potential source(s) of funding: None
WMU proposal number for funded project: 0 Date of submission to funding agency:
Site(s) of the research activity: Internet
Letters of approval from project site officials Select one

IV. Protocol Outline

Prepare a proposal that follows the outline below. Include page numbers. **Do not submit your thesis or dissertation proposal, grant application, etc. These cannot be processed by HSIRB and will be returned to you.** Please review your proposal and mark each box below with a following review of that section.

- PROJECT DESCRIPTION:** Include purpose, research procedure (including what exactly participants will do as part of the study), method of data collection, research design, location of data collection, duration of study, and how the results will be disseminated (e.g., thesis, dissertation, peer-reviewed journal, presentation).
- METHOD(S) OF ANALYSIS:** Briefly describe the planned methods of analysis for the data being collected.
- BENEFITS OF RESEARCH:** Briefly describe the expected or known benefits of the research. Indicate benefits specific to the research participant in addition to longer term or more general benefits.
- SUBJECT SELECTION:** Describe in detail how you intend to contact and recruit participants. Attach all written advertisements, posters and oral recruitment scripts.
- RISKS TO SUBJECTS:** Describe the nature and likelihood of possible risks (e.g., physical, psychological, social) as a result of participation in the research. Risks include even mild discomforts or inconveniences, as well as potential for disclosure of sensitive information.
- PROTECTION FOR SUBJECTS:** Describe measures to be taken to protect subjects from possible risks or discomforts.
- CONFIDENTIALITY OF DATA:** Describe precautions to ensure the privacy of subjects and confidentiality of information. Be explicit if data are sensitive. Describe coding procedures for subject identification. Include the method, location and duration of data retention. (Federal regulations require data to be maintained for at least 3 years. Your professional society may require you to keep it longer.)
- INSTRUMENTATION:** Attach questionnaires, interview scripts, and data collection instruments, etc. Coding sheets for video- or audio-tapes and other data collection procedures are required.
- INFORMED CONSENT PROCESS:** Describe the process by which informed consent will be obtained. If the participant is a child or mentally challenged, explain how the parent(s)/guardian(s) will be contacted for consent and how the researcher will insure that the participant understands and assents to the research. A copy of all consent/assent documents, including non-English and Braille translations, if applicable, must be provided.

CONSENT DOCUMENT DEVELOPMENT CHECKLIST

The following information must be included in the consent documents. Mark (☒) each of the requirements you have included. Omitted information must be justified on a separate sheet of paper. Sample consent documents are posted on the HSIRB webpage under Consent/Assent Document Development.

- A header that includes “Western Michigan University, Department of _____” (if departmental letterhead is not used), Principal Investigator: (name), Student Investigator: (name(s)), and title of the study.
- Language in the form of an invitation to participate AND at a reading level appropriate for the participants (Note that the mean reading level in the United States is 6th grade.)
- The nature, purpose, and duration of the study
- Procedures to be employed in the research; exactly what the subject is expected to do
- Risks (hazards, inconveniences, discomforts) the subject may undergo, so far as they are known, and how any risks will be minimized
- Benefits to the subject (and to the general subject population)
- Conditions of participation
- How confidentiality will be maintained and any limits to confidentiality
- Statement that the participant can refuse to participate; stop participating at any time; or refuse to answer any question without prejudice, penalty, or risk of any loss of service he/she would otherwise have
- The researchers’ names and telephone numbers (including the faculty advisor) as well as the following statement: *“The participant may also contact the Chair, Human Subjects Institutional Review Board (387-8293) or the Vice President for Research (387-8298) if questions or problems arise during the course of the study.”*
- Do not include phrases like “informed consent” or “I am aware” or “I understand” anywhere in the document.
- A place for date and signature of participant and a witness line, if required (e.g., with subjects who are not legally competent); a place for date and signature of translator, if applicable; a place for date and signature (or initials) of individual obtaining the consent, if applicable
- The following statements must be included in all consents: *“This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB) as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is older than one year.”*
- Do not include language that would absolve the researcher of responsibility for negligence
- Leave a minimum top margin of 2 inches on all pages. Submit the final version of the consent document without headers such as “Informed Consent Document” “Draft” or “Appendix___.”

The following are only to be included if appropriate:

- If there is physical activity or a possibility of physical injury, include the statement: *“As in all research, there may be unforeseen risks to the participant. If an accidental injury occurs, appropriate emergency measures will be taken; however, no compensation or additional treatment will be made available to you except as otherwise stated in this consent form.”* Any available compensation or additional treatment should then be specified, if appropriate.
- If the research is therapeutically related, disclose alternate procedures the subject might choose.
- Any significant new findings affecting risks will be promptly reported to the participant.
- Circumstances under which the researcher may terminate the subject’s participation
- Any additional costs the participant may have to bear
- Consequences of the participant’s withdrawal from the study
- The approximate number of participants in the study
- Debriefing procedures

IV. LEVEL OF REVIEW

- Administrative or Expedited:** This project does not require a full board review because it meets at least one of the following criteria: data is recorded so subjects cannot be identified
Forward the **original** application to the office of the research compliance coordinator, 251W Walwood Hall.
- Full:** Forward **original** application plus 15 copies to the office of the research compliance coordinator, 251W Walwood Hall. If blood products are involved, you must complete and attach the HSIRB collection of blood and blood products form. Your application must be in the research office by 5:00 pm on the first Wednesday of the month in order to be reviewed at the board meeting on the third Wednesday of that month.

IV. CERTIFICATION/SIGNATURE

I certify that the information contained in this HSIRB application and all attachments is true and correct. I certify that I have received approval to conduct this research from all persons named as collaborators and from officials of the project sites. If this proposal is approved by the Human Subjects Institutional Review Board, I agree to conduct the research according to the approved protocol. I agree not to implement any changes in the protocol until such changes have been approved by HSIRB. If, during the course of the research, unanticipated risks or harm to subjects are discovered, I will report them to HSIRB immediately.



Principal Investigator/Faculty Advisor Signature Date



Co-Principal or Student Investigator Signature Date



Co-Principal or Student Investigator Signature Date



Co-Principal or Student Investigator Signature Date