**Psychology Department Participant Pool (PDPP)**

**Credit Request Form: Fall 2018**

*Instructions: Please complete one copy of this form for each project requiring participants from the PDPP (i.e., if you are requesting participants for two separate studies, you will need to complete two copies of this form). Forms should be emailed to the Psychology Department Technician by* ***August 20, 2018****. Please direct any questions to the Participant Pool Committee (PPC).*

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| --- | --- |
| **Faculty** **Name** (and/or Honors Student)**:**  | Click here to enter text. |
| **Proposed Project Title:** | Click here to enter text. |
| **Project Purpose** *(please select one)***:**   | Choose an item. |
| **Length of study *per participant:*** *(30 mins = 1 credit)*  | Click here to enter text. minutes |
| **Number of participants requested**: | Click here to enter text. |
| **Proposed start date for data collection:** | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **How do you plan to collect data?** |  |
| **Method:**  | Choose an item. |
| **Preferred Location** *(if applicable)***:** | Choose an item. |
| **Administration Type:** | Choose an item. |
| **Comments** *(please provide any other info)***:** | Click here to enter text. |

The PPC has identified the following as reasonable benchmarks to complete data collection and ensure responsible use of the PDPP. We hope that following this timeline will 1) allow participants to *commence participation at a reasonable time* in the semester, 2) provide *ample time for all allotted credits to be used* before the Open Participant Pool is available. Please select the benchmarks that you **realistically** believe you will meet this semester from the list of options below. If you select but are then unable to meet these benchmarks, we request that you contact the PPC as soon as possible (the PPC will also check-in with researchers during the semester).

[ ]  Submit IRB application for project(s) for approval **(Week 5)**

[ ]  All research assistants complete researcher training **(Week 5)**

[ ]  Pilot test/finalize the study procedure and materials **(Week 6)**

[ ]  Begin data collection **(Week 7)**

[ ]  Use *at least* 20% of allotted credits per week **(Weeks 7-12)**

[ ]  Use all allotted credits **(Week 12)\***

\*Additional data collection can occur during the Open Participant Pool (Weeks 12-13) when any researcher can collect data without credit restrictions

See the next page for questions related to the Prescreen Questionnaire.

**Below are the core approved questions on the Sona Prescreen Questionnaire:**

\*Please note that the ability to **restrict participants** using the prescreen questionnaire is limited only to “Multiple Choice (please select one)” questions. (Numbers 2, 6, and 16-19 are unavailable for restriction use.) Please open embedded PDF for the full list of question and answers options.\*

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1. What is your gender?

2. What is your age?

3. What is your academic status?

4. How do you identify your sexual orientation?

5. How would you best describe your ethnic background?

6. How do you identify your racial background?

7. Did you learn English before the age of 7?

8. Did you learn any other spoken or signed language besides English before the age of 7?

9. Do you currently consider yourself to be fluent in a spoken or signed language besides English?

10. Do you smoke cigarettes?

11. What is your handedness?

12. Do you have a prescription for corrective eyewear (i.e. contact lenses, glasses, bifocals)?

13. If so, do you wear corrective eyewear (i.e. contact lenses, glasses, bifocals)?

14. Do you have a hearing impairment, or have you ever had hearing loss greater than 30dB?

15. If yes, do you use corrective equipment to aid in your hearing?

16. What is/are your major(s)?

17. What is/are your minor(s)?

18. What country(ies) have you spent the majority of your life living in?

19. What U.S. state(s) have you spent the majority of your life living in? Include all states that have been your primary residence for at least two (2) years.

20. What is your country of origin?

**Are there any questions that you wish to add to these? (If so, you must obtain IRB approval to add questions.)**

|  |
| --- |
| Yes |[ ]
| No |[ ]

**If ‘Yes,’ please write the question and answers in the box below:**

Click here to enter text.

**Do you plan to use the prescreen to set restrictions for your study?**

|  |
| --- |
| Yes |[ ]
| No |[ ]

**If ‘Yes,’ please indicate which questions you plan to use, as well as the answers to which you will restrict below: (this will ensure that this question is properly formatted in Sona to allow this feature)**

Click here to enter text.

**Have you obtained IRB approval for questions that you wish to add? (Technician must receive copy of IRB approval.)**

|  |
| --- |
| Yes |[ ]
| No |[ ]