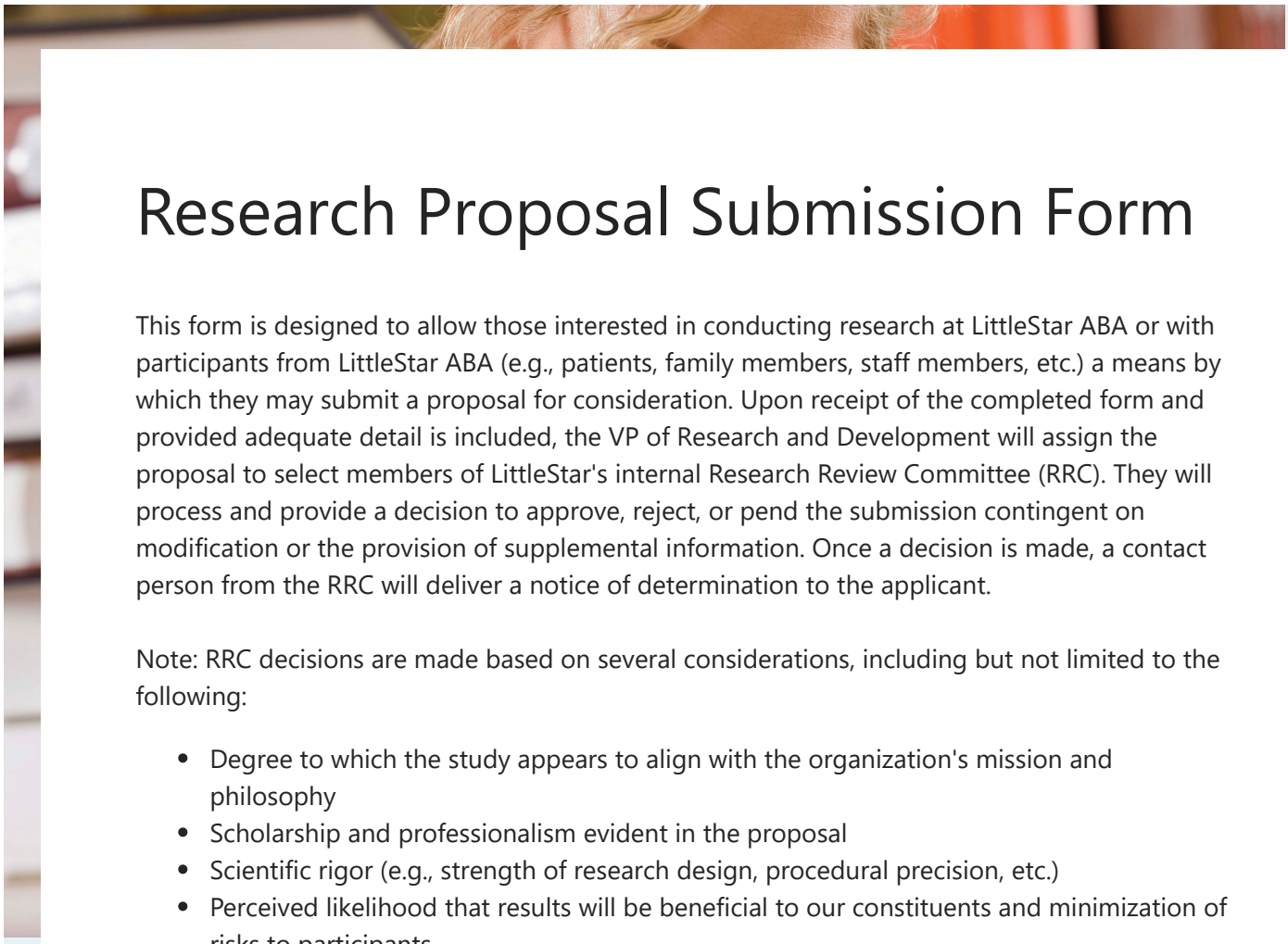

Research Proposal Submission Form

This form is designed to allow those interested in conducting research at LittleStar ABA or with participants from LittleStar ABA (e.g., patients, family members, staff members, etc.) a means by which they may submit a proposal for consideration. Upon receipt of the completed form and provided adequate detail is included, the VP of Research and Development will assign the proposal to select members of LittleStar's internal Research Review Committee (RRC). They will process and provide a decision to approve, reject, or pend the submission contingent on modification or the provision of supplemental information. Once a decision is made, a contact person from the RRC will deliver a notice of determination to the applicant.

Note: RRC decisions are made based on several considerations, including but not limited to the following:

- Degree to which the study appears to align with the organization's mission and philosophy
- Scholarship and professionalism evident in the proposal
- Scientific rigor (e.g., strength of research design, procedural precision, etc.)
- Perceived likelihood that results will be beneficial to our constituents and minimization of risks to participants
- Current volume of research activity and capacity at LittleStar ABA

If you have questions about the submission process or need assistance, please contact the VP of Research and Development, Kristin Hustyi at KristinH@LittleStarABA.org.

* Required

* This form will record your name, please fill your name.

Research Investigator Information

If you are conducting university-affiliated research, the proposal must be submitted to and approved by the university IRB before beginning. At the end of this form, you will have the ability to upload supplemental documentation and files. Consent forms are required for all submissions, regardless of

1. What is your work email address? *

2. Are you the primary investigator? *

- ◯ Yes
- ◯ No

3. If you answered "no" to the question above, please list the primary investigator's name and credentials. (If you answered "yes" to the question above, you may skip this item.)

4. Is this study to be carried out in conjunction with university affiliated work? (e.g., master's thesis, master's capstone, doctoral research) *

- ◯ Yes
- ◯ No

5. If the study is university affiliated, has the IRB application already been approved or deemed exempt? *

- ◯ Yes - the study *is* university affiliated and has been approved.
- ◯ No - the study *is* university affiliated but has not yet been reviewed or approved.
- ◯ N/A - not university affiliated

6. Please list any other key research personnel, not previously listed, who will be involved in the conduct of the research (LittleStar staff and/or external). *

Research Proposal Information

7. What is the title of your study? *

8. What is the overarching purpose or aim of the study? Please include your specific research question(s) and/or the hypotheses specific to the study. *

9. Please define the dependent variable(s) *

10. Please define the independent variable(s) *

11. What type of research study is being proposed? (Check all that apply.) *

- [ ] Survey
- [ ] Assessment
- [ ] Treatment evaluation
- [ ] Replication
- [ ] Experimental
- [ ] Qualitative (e.g., interview, focus group, record review, etc.)
- [ ] Systematic review or meta analysis
- [ ] Other

12. Please select the single-subject research design(s) you plan to utilize, if applicable. (Select all that apply.) *

- [ ] Reversal design
- [ ] Alternating treatment design
- [ ] Multiple-baseline design
- [ ] Changing-criterion design
- [ ] Other

13. Please describe your data collection plan, including IOA, treatment integrity, and social validity data collection if applicable. *

14. What assistance are you seeking from LittleStar ABA in the conduct of the study? (Select all that apply.) *

- [ ] Recruitment of patient participants
- [ ] Recruitment of staff participants
- [ ] Use of clinic or office setting/space
- [ ] Research personnel for data collection
- [ ] Research personnel for data analysis
- [ ] Funding for materials, incentives, etc.
- [ ] Use if equipment
- [ ] Other

15. Please describe the characteristics of the participants you are seeking to recruit (i.e., what is your participant inclusion and exclusion criteria)? *

16. How many participants are you seeking to recruit? *

17. How do you plan to recruit participants? (Note: review and approval of any/all recruitment documents, materials, scripts by the LittleStar RRC is required *prior* to beginning the recruitment process.) *

- ◯ Advertisement, flyers, information sheets
- ◯ Direct recruitment (i.e., contact between the study team and potential participants in person, via phone, or virtual meeting.)
- ◯ Recruitment letter sent directly to prospective participants meeting inclusion criteria
- ◯ Review of available data/records
- ◯ Other

18. Approximately how long will the study take to carry out from beginning to end? (If you have any deadlines related to project completion, please indicate those here.) *

19. Where and when is the study to be carried out (i.e., specific days of the week, times of the day, length of time, etc. If you plan to conduct this study during the course of normal service delivery, please indicate that here.) *

20. In detail, describe the procedures involved in the conduct of the study such that reviewers who are unfamiliar with your project understand exactly what that research will entail, from beginning to end. *

21. Describe the safeguards that will be used to protect the study data and the participants' confidentiality. (For example, if you plan to code the data set or keep a separate master list of identifiers, who will keep the link between the identifiers and the coded research data set?) *

22. Please describe the following: 1) the contribution you believe this research will make to the field of Applied Behavior Analysis in general, and 2) how the findings will benefit participants from LittleStar ABA specifically. *

23. What risks to the participants, or otherwise, might result from carrying out this research? Note: the single most important function of LittleStar ABA's RRC is the protection of human subjects/participants. Minor and minimal risks should also be described along with more noteworthy risks. Failure to include possible risks to prospective participants may result in rejection of the proposal. *

Supplemental Documentation

24. IRB application (for university-affiliated studies)

Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

25. IRB application acceptance letter or email (for university-affiliated studies)

Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

26. Copy of more detailed research protocol(s)

Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

27. Sample materials (e.g., survey questions)

Upload file

File number limit: 3 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

28. Copy of the informed consent and assent forms, if applicable

Upload file

File number limit: 2 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio