**Continuing or Modified Project Overview Information (Form D)**

**I. General Project Information**

|  |  |
| --- | --- |
| Project or Study Title |  |
| RRB Project/Proposal Number |  |
| RRB Approval Date |  |
| Reason for Review Request | (List all that apply)Project continuation or extensionProject modification |
| Proposed Date for Research to Begin |  |
| Requested Decision Date (please enter the date by which you would need the RRB to make a decision in order to conduct your research as planned) |  |

**II. Main Project Contact Information**

|  |  |
| --- | --- |
| Title |  |
| Name |  |
| Organization |  |
| Address  |  |
| City, State, Zip |  |
| Phone Number |  |
| Email |  |
| District Employee (Yes/No)  |  |
| District Employee's School or Department |  |

**IV. Summary of Changes or Extension of Timeline**

Provide a brief overview of what has changed with the research project or why an extension is being requested. You will also need to resubmit your original Form B research proposal with any changes tracked.

**V. Proposal Application Checklist**

Check all boxes indicating materials submitted as part of your proposal. Submit all materials **as one .pdf or Word document** to rrb@elmhurst205.org.

|  |  |
| --- | --- |
| Continuing or modified project overview information (Form D) |  |
| Updated research proposal (resubmit Form B showing changes in tracked changes format; if there are no changes and you are simply requesting an extension of approval, no need to resubmit) |  |
| Institutional IRB approval letter (if unchanged, no need to resubmit) |  |
| Updated informed consent forms (teachers, parents and students over 18) (if unchanged, no need to resubmit) |  |
| Assent forms for students ages 12-17 (Grade 6 and above) (if unchanged, no need to resubmit) |  |
| Survey, interview, or other instruments to be used for primary data collection (if unchanged, no need to resubmit) |  |

**VI. Proposal Signature**

Note that by signing here you are affirming that all the information provided in this form and other related forms is accurate to the best of your knowledge.

Date Submitted: Signature:

Printed Name: