



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Research Acknowledgement Form Institutional Review Board

DATE: _____

TITLE OF PROPOSED RESEARCH: _____

NAME OF PRINCIPAL INVESTIGATOR/ RESEARCHER: _____

NAME OF ORGANIZATION/FACILITY: _____

NAME OF PROVIDER/AGENCY: _____

LOCATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

The following will be required of facility staff *(Check All That Apply)*:

<u>Staff Time</u>	<u>Facility Resources</u>	<u>Other</u>
<input type="checkbox"/> Completion of Forms or Questionnaires	<input type="checkbox"/> Audio-Visual Equipment	
<input type="checkbox"/> General Supervision	<input type="checkbox"/> Computers	
<input type="checkbox"/> Interaction with Youth & Researcher	<input type="checkbox"/> Internet Access	
<input type="checkbox"/> Mailing or Copying	<input type="checkbox"/> Postage	
<input type="checkbox"/> Obtaining Outside Counselor for Youth	<input type="checkbox"/> Printing or Copying	
<input type="checkbox"/> Parental Contact	<input type="checkbox"/> Securing Monetary Incentives	
<input type="checkbox"/> Records Maintenance	<input type="checkbox"/> Secure Storage of Research	
<input type="checkbox"/> Records Research	<input type="checkbox"/> Other (list)	
<input type="checkbox"/> Youth Counseling	<input type="checkbox"/> Other (list)	

Additional comments, questions, support, concerns, etc., regarding the proposed research: _____

By signing this Acknowledgement Form, I acknowledge that I am aware and approve of the proposed research project as listed above and the required staff time / facility resources needed:

FACILITY ADMINISTRATOR/CONTACT PERSON: _____

SIGNATURE & TITLE: _____

E-MAIL: _____ PHONE: _____

I do not wish to acknowledge the proposed research at this organization/facility

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The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.