**Date of Application:**

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|  **REQUEST FOR RESEARCH****Leon County Schools** |
| **POLICY ON RESEARCH:** Leon County Schools (LCS) participates in some research that the Research Review Board deems to be (a) non-disruptive to instruction and school operations, (b) non-controversial, and (c) of benefit in our research-based decision-making. Requests for Research are expected to be grounded in an education-related theory. Leon County Schools has the right to deny, restrict, or suspend and withdraw its participation in activities related to research requests and in-progress research at any time in the event the research is determined to pose a risk to the district or its stakeholders. See LCS web site for research policy and procedures: <http://www.leonschools.net/Page/722> |
| **( ) NEW REQUEST ( ) EXTENSION REQUEST** |
| **TITLE OF RESEARCH FOR LCS: (6 words or less)**  |
| **PRINCIPAL INVESTIGATOR:** (this will be the one contact person)  |
| **ADDRESS:** |
| **EMAIL:** | **PHONE:** |
| ( ) **CO-INVESTIGATOR** or ( ) **MAJOR PROFESSOR:** |
| **EMAIL:** | **PHONE:** |
| **SPONSOR:** (name of university, department, area, or agency affiliation)  |
| **ALL RESEARCH PERSONNEL:** (list all key personnel involved in the research study (i.e. research assistants, research coordinator, project manager, etc.))

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| **Name** | **Role** | **Will this individual need access to LCS schools?** |
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| **PRIOR RESEARCH –** Have you previously conducted research in LCS? ( ) Yes ( ) NoIf yes, were results delivered to the District directly after completion? ( ) Yes ( ) No If no, explain. |
| **EDUCATIONAL THEORY** – This is to ( ) CONFIRM educational theory ( ) EXPLORE educational theoryGive the name(s) of the educational theory that is detailed in your attached literature review.  |
| **TOPIC AREA** – Short description (e.g., comparison of 6th grade mathematics scores with control, etc.) |
| **PROBLEM OR NEED TO BE ADDRESSED** – One or two sentence statement that is detailed in Abstract. |
| **INTERVENTION AND VARIABLES** – Does your study involve an instructional intervention? ( ) Yes ( ) No If yes, give a brief description of the intervention and variables detailed in attachments (e.g., using an alternative reading instruction strategy with variables of time on tasks; etc.). |
| **RECORDING AUDIO OR VISUAL** – Are you requesting to use audio and/or visual recordings? ( ) Yes ( ) No If yes, describe and give rationale. Include how privacy and confidentiality will be maintained and exclusion of non-consented participants will be ensured (ex. classroom/teacher observations, etc.). LCS rarely gives permission for use. |
| **ACCESS TO STUDENTS/TEACHERS** – Are you requesting access to LCS students and/or teachers? ( ) Yes ( ) No If yes, see LCS website for details on obtaining required full security clearance, including fingerprinting, law-enforcement record check, proof of health and liability insurance. A fee is assessed. If you are NOT requesting access, specify how you propose to obtain data for this study. **Note that parent permission/consent must be obtained for each student involved in the research.** |
| **STUDENTS OF INTEREST –** Briefly describe the students you wish to research.

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| **Grade Level** | **# of students** | **Time Required** | **Relevant Characteristics** |
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| **SCHOOL INVOLVEMENT –** Indicate those schools that you propose to approach **if given approval**.

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| **School Name** | **Grade Level** | **Type Personnel****(teachers, principals, etc.)** | **Time Required** | **Activity Involved** |
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| **SCHOOL FACILITIES NEEDED** – Briefly list space, materials, equipment, etc. necessary for the proposed research. Also, list the total amount of time for student/teacher involvement proposed.   |
| **MEASURES FOR DATA COLLECTION** – Briefly describe and attach copies of all instruments to be used in this study (e.g., survey, interview protocols, etc.). Include any technical support information, such as validity and reliability. *NOTE: Some assessment instruments that are commonly used in LCS may not be used by researchers or have specific restrictions. Check the LCS website for “Limitations on Standardized Assessments.” If student data is used or collected a parent consent form is required for each student involved in the research.*  |
| **DATE (proposed) for START of DATA COLLECTION:** (check the dates given on Table of Research Dates)   | **DATE (expected) for END of DATA COLLECTION:** (check the dates given on Table of Research Dates)   |
| **IRB APPROVAL** – Indicate the current status of your request for your University’s IRB approval. Notification of IRB approval must be submitted before LCS Research approval is granted.( ) Approval received ( ) Approval requested; expected date\_\_\_\_\_\_\_ ( ) Not yet requested |

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| **DATA NEEDED** – Do you propose to obtain student, teacher, or other data from the district office? ( ) Yes ( ) No If yes, list the data being requested as specified in the Parental Consent Form and other attachments: (e.g., FSA Math, FSA Reading, etc; specify dates, grades, etc.)***PROCEDURES FOR REQUESTING DATA OR ADDITIONAL INFORMATION:*** *Note that release of student and teacher data is restricted by federal law.* ***If you are requesting such data,*** *our office must be provided with signed parent and/or teacher consent forms and an electronic file. The file must contain the required information listed below and a column for each expected data measure. The request must be in writing by letter or email. Any changes from the original research approval will require a new research approval.* ***All data measures/instruments included in the study need to be listed in the Parent and/or Teacher Consent Form for permission to access student data.******Required Information:*** ***A. Electronic file:****1) Student’s Name (listed alphabetically by school)  2) LCS Student Identification #* *3) Birth date 4) Race  5) Gender****B. Signed consent form(s)****: from parent/guardian of each student* |
| **BENEFITS TO THE SCHOOL DISTRICT –** Indicate cost savings, potential benefits to the district’s educational programs compared to the time required of students, teachers or other staff, etc. |
| **RESULTS** – Approximate date that you will deliver the results to the district research office. |
| **SIGNATURE OF PRINCIPAL INVESTIGATOR:**  | **SIGNATURE CO-INVESTIGATOR or MAJOR PROFESSOR:** |
| **PRINT NAME:** |  **PRINT NAME:** |
| **SUBMISSION:** Send via email to ResearchRequests@leonschools.net.**Send ONE original of each, as separate attachments:**\_\_\_\_\_ Attachment A: Completed and signed Request for Research form\_\_\_\_\_ Attachment B: Abstract – summary of research, approximately 75-100 words\_\_\_\_\_ Attachment C: Literature Review – evidence of the relevant literature and previous research\_\_\_\_\_ Attachment D: Methods/Data Collection – procedures\_\_\_\_\_ Attachment E: Instruments – tools to be used, including survey, interview protocol, etc.\_\_\_\_\_ Attachment F: Consent and Assent Forms – all permission forms, if applicable, for parent, teacher, student, etc.\_\_\_\_\_ Attachment G: University IRB Approval – approval letter from university granting permission to conduct human research study |
| **LIST SEPARATELY ANY ADDITIONAL SUPPORT MATERIALS THAT YOU ARE INCLUDING WITH THIS REQUEST:** |

Questions regarding completion of this form may be sent to:

Testing, Research, & Evaluation

ResearchRequests@leonschools.net