

**SAN LORENZO
UNIFIED SCHOOL DISTRICT
ADMINISTRATIVE REGULATION**

Instruction

AR 6162.8

RESEARCH

Persons or groups wishing to use district staff, students or property in connection with an academic research project shall submit to the Superintendent or designee a written proposal which includes:

1. Name of researcher(s) and academic credentials
2. Purpose and scope of the project
3. Method of study or investigation to be used
4. Extent of participation expected of students and staff
5. Use to which project results will be put
6. Benefits to the school(s) or the district

The Superintendent or designee shall evaluate the extent to which the proposal:

1. Shows potential for improving instructional programs and strategies
2. Addresses a relevant educational problem, concern or issue
3. Is designed to minimize interruptions and demands upon the time of students and staff

The Superintendent or designee may approve the proposed project for a period of one school year or less. To extend any project into a second school year, the researcher(s) must obtain approval from the Superintendent or designee.

Researchers shall certify that they will use no school names in the publication of findings without the approval of the Superintendent or designee.

(3/92) 11/02

Board Approved: November 17, 2009

San Lorenzo Unified School District

Assessment Department

REQUIREMENT FOR AUTHORIZATION TO CONDUCT STUDIES IN THE SAN LORENZO UNIFIED SCHOOL DISTRICT (SLzUSD)

Individuals and organizations may conduct research studies in the San Lorenzo Unified School District provided that the study has value, is feasible, meets District guidelines, and does not interrupt the operations of the school. Another important consideration for approving outside research is that the project does not affect district personnel in a way that would interfere with instruction or provide undue additional data collection responsibilities. This will be analyzed and determined by the District Director of Assessment.

For studies involving student participants, initial authorization must be given by the Assessment Office. The project must then be approved by the Educational Services Directors and Superintendent's Cabinet as well as the appropriate principal or program manager prior to the start of any research study in the San Lorenzo Unified School District. Preference will be given to studies that will yield findings of value to the District.

**Applications are accepted from the beginning of the school year
in August through March of the following calendar year**

GUIDELINES:

All research in the SLZUSD must adhere to the following guidelines:

1. A San Lorenzo Unified School District employee must be present at all times when non District personnel are with students.
2. The study must not interfere unduly with instructional time.
3. The study may not invade the privacy of the students, their families, or teachers and follow all state and federal laws and requirements that deal with confidentiality.
4. Students and student files may not be used to obtain information relating to their parents.
5. Positive, active, informed consent must be obtained from all research participants or their guardians for all research studies. Copies of all consent forms must be submitted with the application.
6. Student assent to participate in research must be obtained from students in grades 6 through 12
7. Students may not be asked questions related to their own or their parents' race, beliefs, or practices regarding sex, family life, morality, religion without explicit, written permission to do so from a child's parent or guardian.
8. Students may not be asked questions about illegal activities.
9. Access to personnel records will not be granted.
10. Students and staff may not be identified by name in any reports or on any data-gathering documents.
11. No use may be made of IQ or personality tests or scores.
12. Data received from SLZUSD, its students, teachers, administrators, or other employees may be used only for the purposes stated in the Application to Conduct Research. These data may not be transmitted to others.
13. A report on research or evaluation findings or a summary of the study results must be submitted to the Assessment Office.
14. Research instruments and consent forms must be translated into Spanish and other primary languages when necessary.
15. Applications to conduct research during the school year are accepted from August 1 through March 15.
16. Before beginning their research activities, researchers must submit to site administrators a copy of their research approval letter from the Assessment Office.

APPLICATION PROCEDURES

1. An Application to Conduct Research Study (comprising Forms 1, 2, and 3) and a copy of the proposed study, including purposes, procedures, and all questions to be asked of participants, must be submitted to the Director of Assessment. The application must specify the number of staff, number of students, and the students' grade level. Applications for research during the current school year will not be reviewed after March 31. Applicants should allow up to six weeks for the processing of the application. Applicants who have already obtained approval for research with human participants (human subjects) from their institution's internal review board (IRB) for research with human subjects may submit a copy of that approval in lieu of Form 2 (copies of all consent forms must be submitted with the application).
2. A favorable recommendation by the Director of Assessment will be forwarded to the Educational Services Directors for review and to the Superintendent's Cabinet for approval and the selection of schools (if necessary). The participation of students and teachers is voluntary.
3. Any study involving health issues must also be approved by the appropriate Program Director prior to submitting an application to the Assessment Office.
4. Once approval is granted, there can be no changes in research procedures, protocols or instruments without prior written approval from the Assessment Office.
5. If authorization is given for (a) access and/or release of information on individual pupils or (b) if the study requires individual student participation, then the researcher must obtain parental consent before data is released or collected, as required by SLZUSD Board of Education Policy.
6. Signed Consent Forms for Release of Pupil Information and/or Participation in Research, and signed Student Assent Forms, must be filed at the school site with the principal or his/her designated representative two weeks prior to collecting data for each student. Copies of consent forms must be submitted with the research application. Consent forms must inform the parent/guardian: (1) of the purpose of the study; (2) of what existing data about the student are being requested and/or what new data about the student will be collected and how it will be collected; (3) how information about students will be used and disseminated; (4) that all research instruments are available for review; and (5) of how to contact the researcher if the parent has any questions (see also FORM 2). If parents do not read English, the Form must be translated into a language they are able to read. Sample consent forms are provided as Samples 1 and 2. These are samples only; forms submitted by the researcher must be adapted to his/her individual study.
7. A copy of the findings, analyses, and final report must be submitted to the Assessment Office, on a specific date agreed upon by the researcher and the Director of Assessment (see Form 3).
8. **Mail all materials to:**
Director of Assessment
Educational Services Division
San Lorenzo Unified School District

15510 Usher Street
San Lorenzo, CA 94580

For more information, please call (510) 317-4734

Attachments:

Form 1	Application to Conduct Research
Form2	Safeguarding Research Participants' Rights & Confidentiality
Form3	Agreement to Submit Report on Research Findings to SLZUSD
Form4	Certification of Obtained Active Parental Consent to the Release of Student Information
Sample1	Parent or Guardian Consent: Release of Pupil Information
Sample2	Parent or Guardian Consent: Participation in Study
Sample3	Student Assent Form

APPLICATION TO CONDUCT RESEARCH STUDY
San Lorenzo Unified School District

Date: _____

Name & Title of Applicant: _____

Organization _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Grant Agency (if applic.) _____

Are you employed by the San Lorenzo Unified School District? _____

If yes, please list your school or department _____

Is this part of your master's thesis? _____

Doctoral dissertation? _____

If you are a student, please write the name of your faculty Advisor: _____

Attach additional pages for the following questions, if necessary:

1. What is the purpose of the study? _____

2. How will the study benefit the District? _____

3. Briefly describe the study's procedures. _____

What is the desired start date of the project? _____

What is the approximate end date of the project? _____

4. What are you requesting from the San Lorenzo Unified School District?

- Access to the schools.
Number of schools _____
Grade Level (s) _____
Number of students _____
Grade Level (s) _____
Number of Teachers _____
Number of Administrators _____
Others _____
Special characteristics of participants: _____
- Access to the school or District records.
Type of data _____

- Access to other staff, materials, etc.
Explain _____

5. Time requirements of study:

Total time at each individual school: _____

(For multicycle research, indicate times for each cycle, e.g., year 1, year 2, year 3, for the following:)

Total time per student, per cycle _____

Number of session _____

Length of sessions _____

Interval of sessions _____

Total time with staff _____

Number of sessions _____

Addition _____

6. Are you requesting access to specific schools? _____ If so, which schools? _____
7. Have you contacted the principals of the schools? _____
8. What data will the final report of the research study provide to the San Lorenzo Unified School District? _____

I certify that the research project will be conducted as described above and that I have read and agreed to the provisions of the Guidelines for Authorization to Conduct Studies in the San Lorenzo Unified School District.

Signature of Applicant

Date

The following materials must be submitted with Form 1:

1. Copy of research proposal, including purposes, procedures, instruments, and any other information that would aid in determining the feasibility and quality of your research;
2. Copies of all instruments, other than well known standardized achievement tests, to be used in the proposed research;
3. Copies of all consent forms to be used in the study;
4. Copy of Human Subjects Committee (IRB) approval form from university or Form 2 (Safeguarding Participants' Rights & Confidentiality);
5. Certification of obtained active parental consent for the release of student data (Form 4);
6. Agreement to Submit Report of Research/Evaluation Findings to SLZUSD (Form 3);
7. For students: A letter of support from the faculty advisor.

FOR OFFICE USE ONLY

DO NOT WRITE

BELOW THIS LINE

APPROVAL

Reviewed by _____

Date _____

Director of Assessment

Reviewed by _____

Date _____

Educational Services Directors

Approved by _____

Date _____

Superintendent's Cabinet

NONAPPROVAL

Reviewed by _____

Date _____

Director of Assessment

Rejected by _____

Date _____

Educational Service Directors

Rejected by _____

Date _____

Superintendent's Cabinet

Safeguarding Research Participants' Rights & Confidentiality

This form is to be completed by all applicants who do not submit a human subjects approval form from another institution (e.g., a university IRB on Human Subjects).

In order to assist the Assessment Office in evaluating your application to conduct research in the SLZUSD, please answer the following questions carefully. On a separate page(s), type answers to each of the following questions and include the number of the question you are answering.

1. Briefly describe the character of your research participants (e.g., fifth graders, teachers, special education teachers). Mention any special characteristics of the participants you wish to work with, such as ethnicity or academic profile.
2. Research participants must freely volunteer to participate. No coercion, implicit or otherwise, is permitted. Please describe how potential research participants (for each kind of participant you wish to recruit) will be identified and approached (e.g., through letters sent home with students, through in-person contact). If the contact will be made in person, provide the statement that will be made orally to potential participants. If the contact will be made in writing, attach a copy of the written communication.
3. Outline the data collection procedures to be used with research participants, in enough detail to permit the Assessment office to assess potential psychological or physical implications. Attach a copy of any questionnaires or written tests to be used in the study. For unstructured interviews, list topics to be covered and give samples of questions to be used.
4. Describe procedures used by the researcher(s) for safeguarding research participants' rights during the research. If confidentiality is required or has been guaranteed, specify who will have access to the data collected, security in data storage, how data will be processed to assure confidentiality, and how results will be reported.
5. Informed, active consent must be obtained from all research participants (viz., anyone from whom or about whom data will be collected), including teachers. Researchers must make sure to give accurate and sufficient information to obtain active, informed consent, and must make sure that prospective participants understand the information given. Exceptions may be made in unusual or special circumstance; researchers must provide a compelling reason why active consent cannot or need not be obtained. The SLZUSD Assessment Department must explicitly approve the exception. Written consent is not required for surveys of adults in which questionnaires are anonymously returned to the researcher, unless the participant is identifiable from the responses. Please attach all consent forms and assent forms to be signed by all research participants (or their parents/guardians). Consent forms must include the following information:
 - a. A description of the study informing prospective participants or their parents/guardians about its purpose and what participation involves;
 - b. That participation in the project is voluntary and that declining to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled; that participation may be discontinued at any time;
 - c. The extent to which confidentiality will be maintained;
 - d. That the participant may withdraw from the study at any time;
 - e. Any foreseeable discomfort or risks;
 - f. The name of your organization;
 - g. The name and phone number of a contact person in the organization whom participants can call with questions or concerns.

Agreement to Submit Report of Research/Evaluation Findings

I agree to submit a report of my research or evaluation findings to the Assessment Office at the San Lorenzo Unified School District.

I will submit the report by the following date _____.

Researcher's signature

Date

Researcher's name

**Certification of Obtained Active Parental Consent
for the Release of Student Data**

I certify that I have obtained parental consent for the release of student data for all students whose data I am requesting to obtain from SLZUSD.

Researcher's name

Researcher's signature

Date

**PARENT OR GUARDIAN CONSENT
RELEASE OF PUPIL INFORMATION ONLY**

Dear Parent:

San Lorenzo Unified School District does not allow your child to participate in research studies, nor does it release information concerning your child to any non-educational organization, agency, or individual, without your written consent.

[Researcher's name or organization] would like to include information about your child from district files and/or data bases in a District-approved research study. The study is about [STATE TOPIC] The information gained through this study will be used to [STATE PURPOSE]

Inclusion of your child's information in the study is strictly voluntary. Agreeing or not agreeing to have your child's information included in the study will not affect your child's school status in any way.

[Description of extent and means of assuring confidentiality.]

Please let me know, by checking the appropriate box below, whether or not you wish the school to allow the release of your child's information for this study.

If information is to be released, you may receive a copy of the record or information to be released by submitting a request in writing to this office. If you have any questions regarding the information, we may assist in interpreting it.

Please sign and return the following page of this form to the Office of the Principal as soon as possible.

Sincerely,

Principal School Date

I give my consent for my child _____
to participate in the research study being conducted by _____

I do not give my consent for my child _____
to participate in the research study being conducted by _____

Parent/Guardian Signature Date

**PARENT/GUARDIAN CONSENT FORM
PUPIL PARTICIPATION IN RESEARCH STUDY**

Dear Parent:

I am conducting research in your child’s school and would like to include your child in my study. My study is about _____

The information from the study will be used to _____

Your child’s participation in the study will involve [describe procedures, out of class time, total time requirements, release of student information, any potential benefits or risks associated with participation].

Your child’s participation in the study is strictly voluntary. Agreeing or not agreeing to have your child included in the study will not affect your child’s school status in any way. In addition, your child may withdraw from the study at any time.

[Description of extent and means of assuring confidentiality.]

Please let me know, by checking the appropriate box below, whether or not you wish the school to allow the release of your child’s information for this study.

I would like your approval for your child to participate in this study. If you would like to review a copy of the research instruments or have other questions you would like to discuss, please feel free to call me at: _____.

Sincerely,

Researcher
Organization and Address

I give my consent for my child _____ to participate in the research study being conducted by _____.

I do not give my consent for my child _____ to participate in the research study being conducted by _____.

Parent/Guardian Signature

Date

**STUDENT ASSENT
TO PARTICIPATE IN RESEARCH STUDY**

[Appropriate for use with students in grades 6 through 12.]
[Student must be allowed to keep a copy of this Assent Form]

I agree to participate in the study about [topic].

I understand that my participation in the study will involve [describe procedures, time requirements, release of student information, any potential benefits or risks associated with participation].

I understand that my participation in the study is strictly voluntary. Agreeing or not agreeing participate in the study will not affect my school status, grades, or opportunities in any way.

I understand that I may withdraw from the study at any time, even after I begin participating.

I understand that my privacy will be protected in the following way:

[Description of extent and means of assuring confidentiality.]

I understand that if I have any questions about this study or my participation in it, I can contact [RESEARCHER] at [organization and phone number].

I agree to participate in the research study about [topic] being conducted by [research/organization]

I do not agree to participate in the research study about [topic] being conducted by [research/organization]

Parent/Guardian Signature

Date

Student Name (please print)