



## Department of Assessment and Evaluation

### Application to Conduct Research in the Fontana Unified School District

Applications to conduct research that involving students, parents or staff of Fontana Unified School District will be reviewed by the FUSD Assessment and Evaluation Department. Research guidelines incorporated in this application are designed to protect the confidentiality of human subjects and guarantee the integrity and quality of any research conducted in the district. In addition, proposed research cannot be conducted during state testing (March – June), must not violate state education codes related to privacy and family values, may not create a data burden on teachers or schools, and is entirely voluntary on the part of the participants.

This application will ensure that your proposal is properly aligned with current District policy regarding human subjects and the District’s research priorities. If the Principal Investigator is a student, we require a supporting letter from the research advisor.

Please complete the following form and attach clearly labeled additional pages as needed. Please allow a minimum of thirty days for a response from the District. All approved field-based research must be conducted under the supervision of the school Principal or other administrator.

#### Part I: Study Information

1. STUDY TITLE

\_\_\_\_\_

2. PRINCIPAL INVESTIGATOR’S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street

City

State

Zip

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

3. NAME OF ORGANIZATION, INSTITUTION, OR AGENCY REPRESENTED BY INVESTIGATOR AND/OR TEAM:

4. THE MISSION OF THE ORGANIZATION, INSTITUTION, OR AGENCY:

5. FUNDER(S) OF THE STUDY: (IF APPLICABLE)

6. OTHER INSTITUTIONAL REVIEW OR HUMAN SUBJECT REVIEW BOARDS INVOLVED (ATTACHED COPIES OF CURRENT APPROVALS)

7. NAMES AND TITLES OF ALL MEMBERS OF THE RESEARCH TEAM WHO WILL HAVE DIRECT CONTACT WITH THE SUBJECTS.

***IT IS THE RESPONSIBILITY OF THE INVESTIGATOR TO INFORM ALL TEAM MEMBERS OF THE RESEARCH PROCEDURES TO BE FOLLOWED***

8. STUDY TIMELINE (beginning, data collection points, anticipated conclusion):

9. WHERE THE STUDY WILL TAKE PLACE:

10. PLEASE PROVIDE A BRIEF AND CONCISE EXPLANATION OF WHAT TASKS OR ACTIVITIES THE SUBJECTS IN THIS RESEARCH WOULD BE ASKED TO COMPLETE:

11. SIGNIFICANCE OF THE STUDY TO THE FONTANA UNIFIED SCHOOL DISTRICT

12. SIGNIFICANCE OF THE STUDY TO THE FIELD OF EDUCATION

13. THIS STUDY INVOLVES THE COOPERATION, PARTICIPATION OR APPROVAL OF ANY AGENCY, SCHOOL, INSTITUTION, OR ORGANIZATION: *(Check YES or NO below)*

YES  NO

- a. IF YES, PLEASE LIST THEM AND STATE THE EXTENT OF THEIR INVOLVMENT
- b. HAS COOPERATION, PARTICIPATION, OR APPROVAL ALREADY BEEN SOUGHT OR OBTAINED FROM THIS ENTITY? *(Check YES or NO below)*

YES  NO

14. THIS RESEARCH: *(Check YES or NO below)*

YES  NO

Involves normal educational practices, such as research on regular and special education instructional strategies, or research on the effectiveness of, or the comparison among instructional techniques, curricula, or classroom management methods, educational leadership or governance and takes place in an educational setting.

YES  NO  Involves the use of educational test?  
If yes, what type of test? \_\_\_\_\_

YES  NO  Involves survey or interview procedures?  
If yes, which procedures

YES  NO  Face to Face  
YES  NO  Telephone  
YES  NO  Mailing  
YES  NO  Other \_\_\_\_\_  
*(please specify)*

YES  NO  Involved the collection/study of data?

YES  NO  Existing Data  
YES  NO  Documents  
YES  NO  Medical, legal, academic, or other records  
YES  NO  Other \_\_\_\_\_  
*(please specify)*

15. IF RESEARCHER REQUESTING DATA IS A GRADUATE STUDENT:

a. PLEASE COMPLETE THE FOLLOWING INFORMATION:

1. GRADUATE ADVISOR INFORMATION:

NAME: \_\_\_\_\_ TEL NUMBER: \_\_\_\_\_  
TITLE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
DEPT: \_\_\_\_\_ EMAIL \_\_\_\_\_

b. PLEASE ATTACH THE FOLLOWING INFORMATION:

- 1. COPY OF THE RESEARCH PROPOSAL
- 2. A LETTER FROM GRADUATE ADVISOR DENOTING APPROVAL OF THE THESIS OR DISSERTATION

**Part II: SUBJECT INFORMATION**

1. DESCRIPTION OF PARTICIPANTS TO BE INVOLVED:
2. EXPECTED NUMBER OF PARTICIPANTS TO BE INVOLVED:
3. POTENTIAL RISKS AND HAZARDS TO SUBJECT (DESCRIBE IN DETAIL):
4. EXPECTED BENEFITS TO THE SUBJECT:
5. PROPOSED REMUNERATION OR OTHER REWARDS TO THE SUBJECT:
6. HOW WILL THE SUBJECTS BE SELECTED AND RECRUITED?
7. HOW WILL YOU ASSURE THAT THE PARTICIPATION OF THE SUBJECT IS VOLUNTARY?
8. WHAT PROVISIONS WILL BE MADE FOR SUBJECTS NOT WILLING TO PARTICIPATE?
9. DESCRIBE THE INFORMED CONSENT PROCEDURES THAT WILL BE FOLLOWED. ATTACH COPIES OF SCRIPTS, PARENT LETTERS, FORMS, ETC.
10. CAN THE HUMAN SUBJECT BE DIRECTLY IDENTIFIED BY? (Check YES or NO below)

- |                              |                             |                       |
|------------------------------|-----------------------------|-----------------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Name on Response Form |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Photo                 |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Television/VCR tape   |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Audiotape             |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Other _____           |
- (please specify)*

11. CAN THE HUMAN SUBJECT BE IDENTIFIED THROUGH ANY OF THE FOLLOWING? (Check YES or NO below)

- |                              |                             |                                   |
|------------------------------|-----------------------------|-----------------------------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Detailed Biographical Information |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Coded Research forms              |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Other _____                       |
- (please specify)*

12. The researcher shall make every possible attempt to maintain confidentiality of the research. IF for some reason, the responses, information, or observations of subject become known to persons other than the researchers, could this information reasonably place the subject at risk of? (Check YES or NO)

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Damage to his/her financial standing?              |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Damage to his/her present or future employability? |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Criminal or civil liability?                       |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Embarrassment or mental anguish?                   |

13. COULD THE RESEARCH DEAL WITH SENSITIVE ASPECTS OF THE SUBJECTS OWN BEHAVIOR, SUCH AS?

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Alcohol/Drug Use                         |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Sexual Behavior                          |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Physical manipulation of the participant |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Other _____                              |

**Please include the following information with this application, in addition to any additional comments or documents requested in other sections of this application.**

1. Curriculum vitae of the Principal Investigator and project staff
2. Copy of the grant proposal if the research is grant funded
3. Copies of any test instruments to be used in the research
4. Copy of any survey instruments and focus group or interview protocols
5. Any other material you intend to deliver to the respondent in conjunction with the research, including the cover letter and any verbal scripts that will be used in interviews, focus groups, etc...
6. Details of any specific data that will be requested from district.

I certify that this completed research application is an accurate and complete statement of the nature of my research. I further agree that this research does not involve coercion, deception, or psychological manipulation of any School District participant.

Signature of Principal Investigator \_\_\_\_\_

Date \_\_\_\_\_

*Please send this application to the Assessment & Evaluation Department, Fontana Unified School District, 9680 Citrus Ave Fontana, CA 92335. Feel free to contact the Department at 909-357-5000 ext. 7103 if you require further assistance.*