



Department of Information and Accountability

Application to Conduct Research in the Fontana Unified School District

Applications to conduct research involving students, parents or staff of the Fontana Unified School District will be reviewed by the FUSD Information and Accountability 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 (February - May), 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 District Office 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 AN 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 an 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 Involves 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 RESEARCH PROPOSAL

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 SUBJECTS (DESCRIBE IN DETAIL):
4. EXPECTED BENEFITS TO THE SUBJECTS:
5. PROPOSED REMUNERATION OR OTHER REWARDS TO THE SUBJECTS:
6. HOW WILL THE SUBJECTS BE SELECTED AND RECRUITED?
7. HOW WILL YOU ASSURE THAT THE PARTICIPATION OF THE SUBJECTS 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 ANY OF THE FOLLOWING? (Check YES or NO below)

YES NO Name on Response Form

YES NO Photo

YES NO Television/VCR tape

YES NO Audiotape

YES NO Other _____

(please specify)

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

YES NO Detailed Biographical Information

YES NO Coded Research Forms

YES NO 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 subjects become known to persons other than the researchers, could this information reasonably place the subjects at risk of any of the following? (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? |

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 use 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 the 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 Information and Accountability Department, Fontana Unified School District, 9680 Citrus Ave Fontana, CA 92335. Feel free to contact the Department at 909-357-7600 ext. 29196 if you require further assistance.