

ROANOKE COUNTY PUBLIC SCHOOLS
Department of Instruction

APPLICATION FOR APPROVAL TO CONDUCT RESEARCH

PART 1: APPLICANT INFORMATION

If the proposed research involves more than one researcher, the lead researcher should complete this application. Names of additional researchers, however, should be listed below, and all participating researchers must sign the application, affirming the accuracy of the information and agreeing to the conditions imposed by RCPS.

NAME_____	EMPLOYER_____
ADDRESS_____	JOB TITLE_____
CITY/ST/ZIP_____	WORK ADDRESS_____
PHONE (____) _____	CITY/ST/ZIP_____
CELL (____) _____	WORK PHONE (____) _____
EMAIL_____	

NAME(S) OF CO-APPLICANT(S) _____

TITLE OF RESEARCH STUDY_____

A. PURPOSE OF APPLICATION (check one)

- New application
- Amendment to previously approved study
- Request for extension of time for previously approved study

B. MOTIVATION FOR RESEARCH (check one)

- Master's thesis
- Dissertation for doctorate
- Graduate class requirement
- Independent research
- Professional research
- Grant-funded research
- Other (explain)

C. NATURE OF STUDY (check all that apply)

- Classroom observation
- Teacher/staff interviews/survey
- Student interviews/survey
- Student assessment
- Use of existing data/records
- Other (explain)

D. PROPOSED RESEARCH PARTICIPANTS (check all that apply)

- Teachers/staff
- Administrators
- Students
- Parents
- Other (explain)

E. PROPOSED RESEARCH SITE(S) _____

F. PROPOSED PARTICIPANT POPULATION

Grade level(s) _____ Subject area(s) _____

Special characteristics of population (if any) _____

Group	Number Participants Needed	Time (in min.) Required for Each Participant to Complete Research Activities
Students		
Teachers/Staff		
Administrators		
Other (specify)		

G. PROPOSED START DATE _____ PROPOSED END DATE _____

H. UNIVERSITY AFFILIATION (if applicable) _____

NAME OF GRADUATE ADVISOR _____

IRB STATUS (check one)

- IRB approval has been granted
- IRB proposal has been submitted and approval is pending
- Study is exempt from IRB approval.

Exemption rationale:

PART 2: RESEARCHER AFFIRMATIONS

Please read each of the following statements and place a check mark in the corresponding box to affirm that you have read and agree to abide each condition imposed by RCPS.

- I understand that acceptance of this request in no way obligates Roanoke County Public Schools (RCPS) to participate in this research.
- I understand that approval to conduct research in RCPS does not constitute a commitment of resources to carry out the study nor an endorsement of the study nor its findings by RCPS.
- I understand that participation in this research by students, parents, and school staff is voluntary. I agree to preserve the anonymity of all participants in all reporting of this research. I agree to not reveal the identity or include identifiable characteristics of RCPS schools or the school division.
- I understand that students may not be interviewed, tested, or asked to do surveys during the school day.
- I agree to abide by all of the policies and regulations of the RCPS School Board and will conduct the research within the stipulations stated in the RCPS guidelines and application.
- I agree to provide RCPS with a copy of the results of the research.
- I understand that informed consent of the parents/guardians is required for student interviews, surveys, or assessments, as required by FERPA (20 USC §1232g(b)(1)(F) and §99.31(a)(6). Classroom observations, or interviews/surveys with staff, that do *not* result in data that would identify any student do not require parent/guardian consent but must be conducted in conformance with the provisions of this agreement.
- I understand that data collected may only be used for the specific purpose of conducting the proposed research and the data must be destroyed within a reasonable period of time when it is no longer needed for the study.
- I understand that RCPS reserves the right to conduct audits or other monitoring activities of the applicant's policies, procedures, systems, and handling of data collected in RCPS.
- I understand that I am responsible for notifying RCPS of any breach of data confidentiality and am responsible for RCPS financial costs associated with a breach of data within my control.
- I understand that an application to amend this agreement must be submitted and approved if changes to the originally approved research protocol are made.

Signature of Applicant _____ Date _____

Signature of Graduate Advisor (if applicable) _____ Date _____

Signature of Co-Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

PART 3: RCPS RESEARCH PROTOCOL REQUIREMENTS

Consideration of requests to conduct research in RCPS is contingent upon the review committee having sufficient information to thoroughly evaluate the merit of the research and its relevance to the educational mission of RCPS. The application packet must include a description of each of the components below, either in the form of a separate narrative or as part of the research protocol submitted to an IRB.

- A statement of the research problem and rationale, including definitions of key terms
- An explanation of the importance of the study, including the theoretical framework and implications for K-12 school settings
- An explanation of the research design and proposed methodology
- A description of data collection instruments (a copy of the instrument is a required part of the application)
- An explanation of how and to whom the results will be reported
- A timeline for completing the research
- An explanation of steps that will be taken to safeguard the privacy and confidentiality of RCPS employees, students, and parents; the explanation should include information regarding how and when collected data will be destroyed
- An explanation of the setting in which the proposed research will be conducted; if research activities will take place during school hours, an explanation of how instructional time will be impacted must be included