

Accountability & Educational Technology	Request to Conduct Research Form
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Send completed application to:

San Bernardino City USD - Internal Review Committee
Accountability & Educational Technology
4030 Georgia Blvd
San Bernardino, CA 92407
(909) 473-2070
irc@sbcusd.k12.ca.us

Date_____

Organization and/or Individual Requesting Use of Data

- a. **Project Director and Title:** _____
- b. **Organization/School:** _____
- c. **Contact Person:** _____
- d. **Street Address or P.O. Box:** _____
- e. **City/State/Zip Code:** _____
- f. **Telephone (include area code):** _____
- g. **E-mail:** _____
- h. **Signature:** _____

Summary of Study Proposal and Project Activities

- a. **Title of Study/Project:**

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b. Summary of Study Proposal and Project Activities: (Attach as many additional sheets as required)

Note: The summary provided below should be self-contained so that it can serve as a succinct and accurate description of the project and should include the following information in the description of your study:

1) Does this project involve a survey/interview? (Please include questions.)

Yes ☐ No ☐

2) Has the project been approved by your University's IRB?

Yes ☐ No ☐

3) Instructional time will be protected.

Yes ☐ No ☐

4) Does this study include any compensation or incentives for participants?

Yes ☐ No ☐

5) How will the data be collected? How will the requested data be used? (e.g. Do you plan to use the information to track students, send them mailings, or contact them via telephone/email? Do you intend to use the data to produce reports about students? To whom would you provide such reports?)

6) Will the project involve matching with other data files? Explain. Specify the type and source of these files.

c. Output Produced from this Project/Study: Will results be presented in a manner that may allow identification of individual records?

d. Identify names of individuals who will have direct contact with students. If approved, background verification/fingerprinting and a District Volunteer Application must be filed for each individual.

NAME	TITLE

Type and Format of Data Requested

a. Describe in detail the data you need provided (Attach as many additional sheets as required)

b. Data type: Excel____ PDF report____ Other (please specify)_____

Confidentiality of Data and Data Retention

a. How will you maintain the confidentiality of the data obtained? Include an explanation of how and where such data will be stored as well as how and when you plan to dispose of the data after your study is completed. Also describe the safeguards that exist (or will be implemented) to ensure that the data will be used solely for the purpose of this research project.

b. Who will have access to this data, either electronically or through printed reports, etc.? Please specify their names and affiliations. Note that access must never be given to anyone other than those approved here.

NAME	TITLE

Items to include with your submission:

1. Survey/Interview questions.
2. University IRB Approval/Response.
3. Consent for participation forms.
4. Supporting documents to elaborate on answers provided.