



GUIDELINES FOR CONDUCTING RESEARCH IN TOOELE COUNTY SCHOOL DISTRICT

Please retain this page for future reference.

1. Anyone who conducts research in the Tooele County District must obtain approval from the Director of Assessment & Research.
2. To initiate the review process, a research project request form must be completed and submitted to the Director of Assessment & Research.
3. Research project requests must be accompanied by a project proposal and must include a copy of the measurement instruments that will be used.
4. Approval of the research project request authorizes the applicant to proceed with the research. However, approval does not necessarily obligate the participation of any school or employee of Tooele County School District.
5. Once permission from the Director of Assessment & Research is granted, the applicant must obtain written, informed permission from those who will be directly involved in the study: principals, teachers, and, where appropriate, parents.
6. Permission to deviate from the approved process and design must be secured in writing.
7. When students are tested, interviewed, or required to fill out questionnaires/surveys, it may, depending upon the nature of the study, be necessary to obtain written, informed parental permission. The researcher should retain these permission documents for one year.
8. Participation in any research project must always be voluntary at each stage of the study.
9. Any media publicity regarding the project must first be approved by both the Director of Assessment & Research and Communications Director.
10. Information about individual teachers and students must be confidential, and the subjects' right to privacy must be protected. Confidentiality is of paramount importance.
11. Research projects that require participation of teachers and/or students during the first two weeks or the last six weeks of the school year will generally not be approved.
12. Requests to conduct research about religion, family life, sexual practices or preferences, or other controversial issues will generally be denied.

If you have further questions concerning research within Tooele County School District, please contact Thomas Trotter at 435-833-1900 or ttrotter@tooeleschools.org



Tooele County School District Research Project Request Form

A. Researcher Information

Name:

Mailing address:

Phone/cell:

Email address (required):

Project title:

College, University, or Institution sponsoring this project or to which the researcher is affiliated:

Is researcher an employee of Tooele County School District? ☐ Yes ☐ No

If yes, please indicate school/department:

B. Institution/Affiliation

Researcher's affiliation with the institution listed above:

☐ Undergraduate student-- College/Department _____

☐ Graduate student -- College/Department _____

☐ Faculty member-- College/Department _____

☐ Not affiliated with any institution. Explain status below: _____

This research project is in partial fulfillment of the requirements for:

☐ Class project

☐ Undergraduate degree

☐ Graduate degree ☐ Masters ☐ Doctorate

☐ Certificate or Endorsement. Please specify: _____

☐ Other, please specify: _____

Name of Project Director/Advisor/Supervisor:

☐ None

Title/Position:

Institution:

Email address (required):

Does the sponsoring institution have an Institutional Review Board (IRB) for the protection of human subjects which complies with Federal regulations? ☐ Yes ☐ No

If "Yes" (check one):

- ☐ This project has been approved by the IRB (attach copy of IRB's decision).
- ☐ Approval from the IRB is pending. (Note: Final approval from the IRB must be provided before research is initiated.)
- ☐ This project does not require the approval of an IRB. Explain:

C. Project Description

Project Title:

General project purpose and description - Please be brief and include specific information on what you want district personnel to do as part of the project:

Outline of procedure – Please include measurement instruments to be used and how digital and hard copy data will be stored, when and how it will be destroyed, who will have access to personally identifiable information, procedures for de-identification of personally identifying information, etc.:

Description of **student** subjects (if part of project)

Grade:

Number:

Specific demographics (if any):

Estimated time involved per student:

Description of **staff** subjects (if part of the project)

Number:

Specific demographics (if any):

Estimated time involved per staff member:

Description of **parent** subjects (if part of the project)

Number:

Specific demographics (if any):

Estimated time involved per parent:

Procedure to secure parent permission: (Please include how district/school is expected to assist in securing parent consent. ***PLEASE NOTE:** The Tooele County School District Review Committee is hesitant to approve projects that require passive parent consent.)

Description of information required from school/district records, if applicable:

Proposed beginning date to implement portion of project involving the school district:

Projected completion date of portion of project involving the school district:

Estimated date when report, product, etc. resulting from project will be available to the district:

D. Benefits and risks:

Indicate any **benefits** likely to results from this research for students, staff and/or parents of Tooele County School District.

What, if any, **risks** would this research involve for participants? If risks are present, indicate the justification for the procedures and steps to be taken to minimize risks. (You may refer to IRB documentation.)

E. Assurances:

If approved, the researcher(s) agrees to the following:

1. To adhere to the procedures of the project as approved by the District. Any changes to procedure must receive prior approval.
2. To furnish the District with progress reports upon request.
3. To provide the District with one copy of all publications, including dissertations, reports, summaries, articles, and papers resulting in the completed project.
4. The researcher(s) gives permission for the District to cite the ongoing or completed project in its own publications, with credit given to the researcher(s).
5. Prior to the circulation of any report of research findings or conclusions in connection with this study, the District will have final approval of the use of its name or references to the District, its staff, or its programs.
6. To comply with the *Family Educational Rights and Privacy Act* and amendments thereto. And, to comply with all applicable regulations and customary practices pertaining to participant privacy and the security of personally identifiable information.
7. To comply with Federal regulations and recognized professional practices relative to the protection of human subjects in research studies.
8. To report only aggregate data or pseudonyms in such a way so that information cannot be traced directly or by inference to a specific community neighborhood, staff member, student, family member of a student, or school attended.
9. To secure all data, including audio and video recordings, electronic/digital data, and documents; and restrict access to the data to individuals approved in the application.
10. To destroy all materials gathered which contain personally identifiable information after the purposes for which the material was gathered have been completed. Failure to do so may subject researcher(s) to criminal prosecution.

Entering your name and the name of the Project Director/Advisor/Supervisor, constitutes your electronic signature which signifies the information submitted is correct and you agree to abide by the assurances.

Researcher(s)

Date

Project Director/Advisor/Supervisor

Date

----- For District Use Only -----

☐ Project is approved.

☐ Project is approved following verification of requested modifications.

☐ Project is not approved.

Notes: _____

Director of Assessment & Research

Date

Email this form and other supporting documents to ttrotter@tooeleschools.org