

Washington County School District

RESEARCH PROJECT REQUEST FORM

A. Investigator Information

Name:

Mailing address:

Phone/cell :

Email address (required):

Project title:

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

B. Institution/Affiliation

Investigator'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:

- A 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:

Address:

Phone/Cell :

Email address (required):

Project funding: (Check one)

- Supported by institution or agency making the request
- Personal funds of the investigator(s)
- Grant or contract from another agency

Name of grant or agency _____

- Other, please specify _____

C. Project Description

General project purpose and description:

Outline of procedure:

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

Number:

Grade:

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:

Description of information required from District records, if applicable:

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

Projected date to complete portion of project involving the school district:

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

D. Benefits and risks:

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

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

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 furnished with before the research is initiated.)
- This project does not require the approval of an IRB.

Explain:

E. Assurances

If approved, the investigator(s) agree 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 the completed project.
4. The investigator gives permission for the District to cite the ongoing or completed project in its own publications, with credit to the investigator(s).
5. Prior to the circulation of any report of research findings or conclusions in connection with this study, the District will have the 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 investigator(s) to criminal prosecution.

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

_____ |

Investigator

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

Director of Assessment & Research

Date

E-mail this form and other supporting documents to Brad.ferguson@washk12.org