

DPS Application for Research

Application Requirements:

Individuals wishing to conduct research projects in Durham Public Schools (DPS) must submit an *Application to Conduct Research* by the application deadline and pay the required research review fee. ***Incomplete applications will be returned without review.***

Application Checklist – Please initial that you have completed each requirement before submission.

Completed Application	
Curriculum Vitae or resume for the researcher and collaborators	
Data collection – <ul style="list-style-type: none"> • Solicitation for Participation • Data Collection Protocols/Scripts • Data Collection Instruments (final) (i.e., surveys, interview questions) • Requested Timeline for Data Collection • Consent Forms 	
Institutional Review Board (IRB) approval, including the IRB application/submission	
Assurance Letter	
Fee Payment	
Data Destruction Agreement	

Application Status	<input type="checkbox"/> New		
	<input type="checkbox"/> Renewal		
Researcher Contact Information			
Name:			
Address:			
Business phone:			
E-mail address:			
Researcher Educational or Business Affiliation			
University/College Affiliation			
Academic Department			
Organizational or Business Affiliation'			
Researcher Position			
DPS Employee? Circle one.	Yes	No	
List your school name or department.			
Position. Circle One.	Student	Faculty	Other
Highest Degree Held:			
Co-Researchers? If so, list name(s) and Highest Degree(s) Held:			

Proposal Information			
Title of Project			
Is this project part of a thesis or dissertation? Circle one.		Yes	No
Professor, Advisor/Sponsor's Name(s) and Contact Information:			
Research Questions	<i>Research Questions</i>	<i>Specific Data Needed/Collected</i>	<i>Who Will Provide Data Needed (district, school, NCDPI, DPS website)</i>
	1		
	2		
	3		

List the DPS Department(s) that would be involved in or impacted by this study (grade, subject, etc.)	
Purpose of the Study (Limit to 100 words).	
List related DPS Strategic Plan Goals and Strategies.	
Describe How the Research Proposal aligns with one or more of the Above Goals/Strategies.	
IRB Approval and Protocol (All Research Proposals must have IRB approval before being submitted for the district's approval)	
Direct and Long-Term benefits to DPS as a result of the research study.	

Research Methods and Design of Study		
Design of the Study (Procedures, Methods, Timeline)		
Description of Target population		
Potential risks to Durham Public Schools or its students (all research has potential risks)		
(List all schools requested)		
Number of teachers involved		
Number of students involved		
Number of parents of involved		
Name of each administrator involved		
Other people involved		
Time Requirements		
Students	Number of Students Involved:	
	Length of each session:	
	Number of sessions:	
	In-School Time Required?	
Teachers	Location of sessions:	
	Number of Staff Involved:	
	Length of each session:	
	In-School Time Required?	
Administrators	Name of Administrators	
	Hours of commitment (In-school time):	
	In-School Time Required?	
Parents	<i>Number of Parents Involved:</i>	
	Amount of Parent Time Required	
Other people involved	<i>Number of Other People Involved:</i>	
	<i>Amount of time required</i>	

Data Collection	
List all Data Points to be collected	
List all Data Points Requested from DPS	
Data Collection Training and Supervision <i>Who will be collecting data?</i> <i>Who will be providing Training?</i> <i>Who will supervise the data collection?</i> <i>What is DPS's role in training and data collection</i>	
Desired beginning date (No research may begin before August 1)	Desired End Date (All research must be completed by April 30)

<u>Renewal Applicants Only: If a section does not apply, type N/A</u>
<p>For renewal applicants, please identify any modifications to your study and/or an update as to the request for renewal:</p> <p>Please include updates on any changes in investigators, study design, participant population, cost/compensation, recruitment method, data collection instruments/protocols, risks/benefits, location, consent forms, data needs.</p>

Letter of Assurance

I agree to comply with these obligations and the Research Standards for Durham Public Schools. I assure Durham Public Schools that the research performed will not differ from the submitted research proposal application. I understand that the privilege of conducting this study along with future studies in Durham Public Schools is conditional upon the fulfillment of these obligations. In addition, I am fully aware of the Federal Education Rights and Privacy Act (FERPA) guidelines as they pertain to the proposed study along with compliance on research processes and protocols and will incorporate these into the study's implementation if approved.

Furthermore, I understand that if my application is denied, I must wait 12 months from the date of the committee's decision before re-submitting. Lastly, upon completion of the research study, I will send an Executive Summary or Abstract (500 words) to the Office of Research and Accountability within 60 days. If the study's findings are to be used in a published format, I will contact the Office of Research and Accountability along with the Assistant Superintendent of Research and Accountability to discuss regulations and guidelines prior to submission and/or publication.

If approved, I agree to the following compliance monitoring requirements:

- Comply with the timeline for research (progress reports, final report, last day of research)
- Comply with the district terms of agreement as outlined in the approval letter if granted
- Reporting and monitoring compliance as outlined by the district, including an interim report and a Completion Form and an Executive Summary/Abstract of findings
- Comply with the Certificate of Data Destruction

Applicant's Name(s):

Applicant's Signature(s):

Date: _____

All communications shall occur between the applicant and the Department of Research and Accountability listed below:

Durham Public Schools—Department of Research and Accountability
511 Cleveland Street
Durham, NC 27701
Phone: 919-560-2027

Letter of Consent Template

- 1. Study Title:**
- 2. Name of Researcher:**
- 3. Study Sponsor:**
- 4. Purpose/Description of Study:**
- 5. Study Timeframe:**
- 6. Your Childs Involvement:**
- 7. Sharing Information:**
- 8. Risks and Discomforts:**
- 9. Benefits to You and Others:**
- 10. Payment for Participation:**
- 11. Confidentiality**
- 12. Voluntary Participation and Withdrawal**
- 13. Researcher/Principal Investigator Contact Information**

Consent Permission:

I have been given the chance to read this consent form. I understand the information about this study. Questions that I wanted to ask about the study have been answered. My signature says that I am willing to participate/ for my child to participate in this study. I will receive a copy of the consent form once I have agreed to participate/allow my child to participate.

Name of Child	Childs School
Name of Parent/Legal Guardian (Printed)	Date
Name of Parent/Legal Guardian (Signed)	Date
Name of Person Conducting Informed Consent (Printed)	Date
Name of Person Conducting Informed Consent (Signed)	Date
Researcher/Investigator Signature	Date

Certificate of Data Destruction

In accordance with the provision of the Data Sharing Agreement between Durham Public Schools and _____, the files and all related information described below were destroyed as required in the Letter of Assurance pertaining to project _____.

Date Submitted: _____
Organization/Principal Investigator

Scheduled Data of Destruction; _____
Date

Actual Data of Destruction: _____
Date

Description of record and/or data to be destroyed:

Name of File	Format	Comment