**Request to Conduct a Research Project at FACTS**

All requests must be in accordance with FERPA regulations, and copies of Institutional Review Board for Protection of Human Subjects (IRB) approval must be attached. However, IRB approval does not overrule Institution denial of access to data. IRB approval is required unless you can demonstrate that the project is for pedagogical purposes.

Storage of this data, either electronic or paper, must be in a secure location, not shared with a third party and must be destroyed at the conclusion of the project.

**Requestor’s Information**

Principal Investigator(s)

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Institutional Role(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professor’s Name and Department (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I affirm that the requested student data will only be used to meet the purpose of the study as herein stated, that personally identifiable information of students will not be released to anyone other than those with a legitimate educational interest, and that said personally identifiable information will be destroyed or returned upon conclusion of the study unless extension of such date is requested.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Information**

Purpose and scope of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Requested (Is the request for aggregate or personally identifiable data):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How and where will the data be stored (i.e., electronic & paper): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When will the Project end? (Personally identifiable data must generally be destroyed at the conclusion of a project or a written request for extension must be submitted): Date\_\_\_\_\_\_\_\_\_\_\_\_

Attach a brief description of the research

* Explain the purpose of your research
* Describe the student information that you are requesting to access
* List the research questions that you will be asking
* Attach any research instruments that you will be using such as surveys, interviews, etc.
* Explain how you will keep the identity of students anonymous or if student identities are not anonymous, how you will comply with FERPA and keep all identities confidential
* Describe how your research will benefit FACTS and how it will benefit the students, staff, families you are studying
* Describe any risks your research may pose to FACTS and any potential risks to the students, staff, families you are studying
* Describe how, if at all, your research activities might disrupt student learning or how you will work to minimize this disruption
* Describe how and with whom your research will be shared (with classmates, a professor only, in conference presentations or publications, etc)
* Will the research identify FACTS as the research site?

**Approval**

Documentation of IRB Approval (Attach) Protocol# \_\_\_\_\_\_\_\_\_\_\_

Date received by FACT Charter School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of approval by FACTS Research Review Board:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACT Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

**Family Educational Rights and Privacy Act Waiver**

I, [parent/guardian name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of [student’s name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been informed of the purpose of the research project of [researcher’s name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I voluntarily consent to release my student’s educational records, specifically:

List of specific records requested [check all that apply]:

□ Student’s name

□ Grades

□ Test Scores

□ Student Work (writing, assignments, etc)

□ Disciplinary Records

□ Surveys or Interviews with Student

□ Other [specify]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This research is being done for the purposes of:

□ Coursework to be shared with a professor only

□ Coursework to be shared with classmates

□ A Conference Presentation [specify]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ A Publication [specify]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I may revoke this consent at any time by submitting a request in writing.

Parent’s/Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_