

Arlington Community Schools Application for Research Approval

**Please complete this application in its entirety. If your response is non-applicable, please note NA.
When complete, send this application and all required documents to the following:**

Rochelle Douglas
Director of Accountability
Arlington Community Schools
12060 Arlington Trail
Arlington, TN 38002
(901) 389-2497
Rochelle.douglas@acsk-12.org

1. Date of Application

2. Title of Study

3. Applicant's Name

4. Applicant's Phone Number

5. Applicant's Email Address

6. Are you an employee of Arlington Community Schools?

If so, which school and grade level/subject area?

7. Applicant's University/College Affiliation (if applicable)

8. Is the proposed project being conducted to fulfill a graduation or course requirement?

- No
- Yes, to fulfill a Master's Thesis requirement
- Yes, to fulfill an Ed. S. Thesis requirement
- Yes, to fulfill a Doctoral Dissertation requirement
- Yes, to fulfill a project requirement for a university/college class

Other (please specify)

9. What type of data sources are you planning to use? (mark all that apply)

- Publicly available data
- Pre-existing data provided by the district
- New data that I collect as part of the project (e.g., administrator surveys or an assessment, conduct interviews, etc.)
- Other (please specify)

10. If you are planning to collect new data, from whom are you collecting the data? (mark all that apply)

- Students
- Parents
- Teachers
- School Administrators
- District Administrators
- Other (please specify)

11. Which ACS school(s) will be involved in the study?

12. State the approximate number of participants:

13. Describe the procedure to be used to select participants and how you will request participation from the school (s).

14. How will permission to participate (parents, students, educators, others) be obtained?

(Per ACS Policy 6.4001...Prior to the dissemination of a survey, analysis, or evaluation to students, parents/guardians shall be notified of their ability to review the materials. Such notification shall include information indicating the purpose of the survey, analysis, or evaluation as well as who will have access to the results. Parents/guardians may opt their child out of participation.)

15. When do you anticipate your study will begin and end?

16. Please provide a brief description of the proposed research. Be sure to include the following information: What will study participants be required to do? Describe any measurement instruments that will be used and attach copies. Indicate how data will be collected and used. Please also provide a list of research questions (can be provided as an attachment.)

17. How will this study benefit Arlington Community Schools?

18. What is your plan for dissemination of results from this study? How do you plan to report results back to the participating schools and the district? Do you plan to report results other than the schools or the district?

Please attach the following to this application:

1. A copy of all questionnaires, forms, tests, waivers, permission forms (parents, educators, other) and/or any communication to be distributed to participants or their parents/ guardians.
2. Letter(s) of agreement from participating school(s), if available.
3. International Review Board approval from sponsoring institution, if available.

Affidavit of Nondisclosure

(Project Title)

(Name)	(Date)
(Email)	(Phone)

(Address)

I, _____, do affirm that when given access to Arlington Community Schools (ACS), ACS dataset(s) or ACS file(s) related to the above named research project, I will...

- i. keep all student, teacher, school, and district information confidential, including individual student scores;
- ii. not release any data or data subset obtained in connection with my participation in the above named project to any individual or party; and
- iii. conduct the research in all respects according to the conditions under which this research project's application may be approved, including district policy on educational research. In compliance with the Family Education Rights and Privacy Act of 1974, I assure the district identifiable data collected for this study will be kept confidential.

(Signature)

Please complete and sign form and send to the following:

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