

Levy County District Policy for Authorization to Conduct Research Studies

RESEARCH

Proposals for research in the District must be approved through the Assistant Superintendent of the School Board of Levy County, 480 Marshburn Drive, Bronson, Florida, 32621 and by the school principal.

- (1) The following are the criteria for approval:
 - (a) Objectives must be clearly stated;
 - (b) The research design should be of sufficient scope and depth to produce valid and reliable results;
 - (c) The potential benefits should be sufficient to justify the time and effort of students and staff members. Proposed research or other projects must be expected to contribute to the general welfare of students, teachers, or school administrators;
 - (d) The privacy of all persons and the confidentiality of records must be maintained at all times;
 - (e) If use of data derived from school reports, interviews, or questionnaires has potential for invasion of privacy of students, their families, or staff members, such data may not be used without advance written authorization given by the staff member, student or his/her parent or guardian, as appropriate;
 - (f) In general, instructional activities must not be interrupted unless there is clear significance for the educational program of the schools;
 - (g) Projects involving student researchers must have prior written approval by a teacher of the school in which that student is enrolled who has direct responsibility for the student's research;
 - (h) Proposals submitted by researchers with school affiliation must show written approval for the research from the school's committee for the protection of human research subjects.
 - (i) The Superintendent reserves the right to require parental consent before authorizing research involving students.
- (2) Proposals which meet the initial screening standards will be forwarded to selected school principals for consideration. The principal will review each written proposal, discuss it with other staff members, and notify the Superintendent's designee of acceptance or rejection of the proposal.
- (3) Principals are responsible for assuring that both the privacy of all persons and the confidentiality of all personally identifiable student records are maintained. The principal is also responsible for assuring that written parental informed consent, when required, is obtained by the researcher prior to involving students as research subjects.
- (4) On completion of the project, the principal investigator will forward one copy of the results of the study to the Superintendent or designee.

APPLICATION FOR RESEARCH IN LEVY COUNTY PUBLIC SCHOOLS

480 Marshburn Drive, Bronson, FL 32621 (352) 486-5231

Directions: Complete one application for each requested school. Attach IRB approval, if applicable, protocol and 1 copy of any instrument to be used. If research is to be grant-funded, please attach copy of grant. Turn in application to **John R. Lott, Jr., Assistant Superintendent, School Board of Levy County**. You will be notified when action on this application has been completed.

Upon completion of your study, send one copy (or Word file) to John R. Lott, Jr., Assistant Superintendent, john.lott@levyk12.org.

Applicant _____ Phone _____ Date _____

Address of Applicant _____

Educational Affiliation _____

Applicant is: Faculty Doctoral Student Master's Other (specify) _____

Purpose of Research _____

Title of Research Proposal _____

Brief summary of research proposal _____

Population needs: # of subjects _____ Grade Level _____

Sex, age, race, ability level (s) _____

School requested _____ Total time per teacher required _____

Total time per student required _____

Indicate additional school resources needed _____

Dates applicant is to be in the school _____

Data needed (list tests, surveys, information needed) _____

*If this application is approved, I agree to observe all legal requirements regarding the use of research and to submit an abstract or short summary of the research report to the School Board of Levy County, **John R. Lott, Jr., Assistant Superintendent**.*

Applicant Signature: _____ Date: _____

Advisor/Dept. Chair:
(if applicant is student) _____ Date: _____

SBLC Superintendent or Designee: _____ Date: _____

School use only.

This application for research is: Approved: Not Approved: Principal's Signature _____

Remarks _____

Contact person in school _____ Title _____