



Santa Barbara Unified
Every child, every chance, every day.

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Office of Research and Evaluation

Application to Conduct Academic or Program Evaluation Research in the Santa Barbara Unified School District (SBUSD) – NEW STUDY

Title of Study: _____

Primary Researcher: _____

Organization: _____

Primary SBUSD Administrator(s): _____

SBUSD School Site/District Department: _____

Date of Submission: _____

*****SUBMIT COMPLETE APPLICATION (INCLUDING ATTACHMENTS) TO RESEARCH@SBUNIFIED.ORG
AND CC THE PRIMARY SBUSD ADMINISTRATOR(S) AND PERTINENT SITE PRINCIPAL(S) WITHIN THE
APPLICATION WINDOW.*****

****APPLICATIONS SUBMITTED OUTSIDE OF A WINDOW WILL NOT BE CONSIDERED****

APPLICATION WINDOWS ARE POSTED ON THE SBUSD RESEARCH AND EVALUATION WEBPAGE

Please note: Studies may be approved for a maximum of two years at a time. A renewal application is required to extend an approval beyond two years.



Attachments and Application Submission Checklist

Below is a list of all Forms included in the application package. **Please indicate which forms and attachments pertain to your study and have been completed. Submit this entire package along with your attachments; do not delete unused forms.**

- | | | |
|--------------------------|--|-------|
| <input type="checkbox"/> | FORM 1: Application to Conduct a Research or Evaluation Study in SBUSD* | p. 3 |
| <input type="checkbox"/> | FORM 2: Request for SBUSD Administrative Data for Research or Evaluation Use | p. 10 |
| <input type="checkbox"/> | FORM 3: Research Request to Disclose School or District Identity | p. 11 |
| <input type="checkbox"/> | FORM 4: Researcher Fingerprinting and Tuberculosis Clearance | p. 12 |

Additional attachments included in your submission:

- Consent/Assent Forms* (Including Spanish translation, if applicable)
- Data collection instrument(s) and protocol(s)*
- Institutional Review Board (IRB) approval or application, if applicable
- Proposed budget, if requesting that SBUSD fund the study
- Written Agreement (e.g. previous memorandum of understanding, research agreement, etc.)
- Other: _____

*Required for all studies

Section A: Applicant Information

To be completed by all applicants.

Title of Study: _____

Name and Title of Primary
Researcher/Evaluator: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Highest education degree completed: _____

Is this part of your: Master's thesis? Yes No Doctoral dissertation? Yes No

If yes, what is the approval status of your study at your college or university? (Check all that apply.)

- Approved by thesis/dissertation committee
- Approved by course instructor
- Not at the approval stage
- Other: _____

Faculty/Chair Name: _____

Institution and department: _____

Phone number: _____ Email: _____

Are you an SBUSD employee, student teacher, or intern? Yes No

If yes, please list your school or district department: _____

Will you be collecting data in your own classroom, school, or department? Yes No

What are the proposed study's start and end dates? Start: _____ End: _____

(Study must not occur during summer or other school breaks.)

Please list names and titles of any additional researchers/evaluators to be involved in the study; if graduate student researchers will be involved, please list number only: _____

Section B: Study Proposal

To be completed by all applicants. Please do not attach additional pages.

Study Abstract

Provide a brief, comprehensive summary of your study indicating the problem it intends to address, the purpose and scope of the study, guiding questions, description of study participants, and methods of analysis. If this is an evaluation of a program, intervention, or professional learning, please specify.

How will the study benefit SBUSD? Specifically, tell us how your study aligns with SBUSD goals and initiatives as described in the SBUSD Local Control and Accountability Plan (LCAP), and/or a site-specific Single Plan for Student Achievement (SPSA). Access plans at <http://www.sbunified.org/plans/>.

What practice and/or policy implications do you expect the findings will provide the district?

What conversations have you had with school or district personnel about the research? With whom, and when?

Data Collection Methods (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Classroom observation | <input type="checkbox"/> Student records, de-identified or with a code |
| <input type="checkbox"/> Focus group(s) | <input type="checkbox"/> Student records, with I.D. or identifying information |
| <input type="checkbox"/> Interview(s) | <input type="checkbox"/> Survey |
| <input type="checkbox"/> Shadowing | <input type="checkbox"/> Other: _____ |

Student Contact (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> 1:1 student lesson or intervention
(inside or outside classroom) | <input type="checkbox"/> In classroom with certificated staff present
(more than one school year) |
| <input type="checkbox"/> 1:1 student interview
(inside or outside classroom) | <input type="checkbox"/> In school administration office
(more than one school year) |
| <input type="checkbox"/> 1:2 or more student focus group
(inside or outside of classroom) | <input type="checkbox"/> Co-curricular setting |

Site(s) to be included in the study (Check all that apply, specify exact school/district dept.)

- Elementary Schools: _____
- Junior high Schools: _____
- High schools: _____
- District office department(s): _____

Intended Participants

Indicate which groups of individuals you will collect data from or about. (Check all that apply.)

- Current students
- Teachers
- School site administrators
- District office administrators
- Secondary Counselors
- Support staff
- Parents or families of current students
- Former students and/or their families
- Other: _____

Participant Selection Criteria & Recruitment

Please describe the criteria you plan to use to select participants for your study, such as grade level, achievement level, English language proficiency level, race or ethnicity, sex or gender, enrollment in a specific program, receipt of special education services, or other criteria.

Extent of Participation Expected of Students and Staff

Please describe: a) the number of participants and the role of each group (e.g. 20 students), b) the amount of time to be requested and when the interaction will occur (all research activities other than observation must occur outside of instructional time; if you are requesting an exception, provide a strong rationale), c) a rationale for the number of participants, contacts, and total time required by each participant, and d) if and how participants will be compensated.

Ethics in Study Procedures

Please describe how the rights, welfare, and identity of the human subjects and the identity of the school district will be protected, and the respective data will be protected in compliance with legal ethics requirements. Please describe how you plan to recruit participants, and obtain informed consent of parents and students to participate.

Internal Review Board (IRB) Application Status

To be completed only by applicants affiliated with a college, university, or professional research organization. (Check only one.)

- I have received IRB approval. IRB #: _____
- I have applied for IRB approval. IRB #: _____
- I plan to apply for IRB approval, but have not yet completed the application
- I do not plan to apply for IRB approval

Use to which study results will be put (Check all that apply.)

- Written Report Summarizing Findings and Recommendations to SBUSD (required)
- Academic Conference Presentation
- Academic Course Paper
- Academic Course Presentation
- Academic Publication
- Consulting Provided to SBUSD
- Presentation Provided to SBUSD
- Program Services Provided to SBUSD Students, Staff, Families, or Administrators
- Written Report to Funders and/or other external parties
- Other: _____

Section C: Funding Source and Assurance

To be completed by all applicants.

Title of Study: _____

Funding Source

- Will there be a cost for this study? Yes No
- Has funding already been secured? Yes No N/A
- Are you requesting that SBUSD fund this research? Yes* No N/A

If “no”, please indicate the funding source: _____

If “no”, what date did/will you find out if the project is funded? _____

Assurances

Please mark one of the two options below to indicate a) commitment to submit, OR b) request to waive Form 4:

- I am submitting Form 4 (Researcher Fingerprinting and Tuberculosis Clearance) to obtain clearance for any of the Research Organization’s employees, agents, or volunteers to enter a school site. If any of these personnel should change after receiving approval to conduct research, I will submit Form 4 for each personnel reflecting these changes. I understand that any associated cost will not be borne by the District.
- I certify that the Research Organization’s employees, agents, or volunteers will have only supervised or no contact with District students (as defined by District) in the performance of this research, and hereby request to waive the submission of Form 4.

Primary Researcher Signature Name Date

Primary SBUSD Administrator Signature Name Date

**If you are requesting SBUSD fund this study, please secure the following approval:*

Authorized Organizational Representative Title

Email Address Phone

Signature Date



Title of study: _____

Primary researcher and organization: _____

Specific Records or Data Elements

Each specific requested record or data element must be listed with a rationale explaining its purpose and use. It is not sufficient to list categories of data such as “student demographic data.” Each requested data field must be listed with specificity (i.e., student name, date of birth, ethnicity, gender, primary language, etc.), and have its purpose and use defined. Explain why each variable is necessary to the research. Please specify the site(s), current grade level(s), academic year(s), and any specific programs to be included.

Request for De-Identified Data with a Unique Identifier (e.g. scrambled I.D): Yes No

Request for Personally Identifying Information*: (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Local ID Number | <input type="checkbox"/> Name |
| <input type="checkbox"/> Student State ID (SSID) | <input type="checkbox"/> Date of Birth |
| <input type="checkbox"/> Other: _____ | |

***If you are requesting personally identifying information, please state why it is needed for your study and how you plan to utilize it:**

Title of Study: _____

Primary researcher and organization: _____

Study abstract:

Please mark and complete the appropriate options below:

I would like to request permission to use the following participating school and/or district name(s) in published materials: _____

The identity will be made known to the following organizations, entities, or individuals:

I agree that the identity of the participating school(s) and district will not be made known in any academic presentations or publications resulting from this study.

Primary Researcher Signature Primary Researcher Name Date

FOR SBUSD USE ONLY

DO NOT WRITE BELOW THIS LINE

Request Approved

Request Not Approved

Superintendent: Signature Name (please print) Date

OR

Designee - Director, R&E: Signature Name (please print) Date



Office of Research and Evaluation – Form 4
Researcher Fingerprinting and Tuberculosis Clearance

Please note that there are two types of researchers: Type 1 and Type 2. Requirements for research activities may vary; please refer to the matrix on page 13. Please complete and submit Form 4 for each individual associated with the research study that meets any criteria where a “yes” is listed in either clearance column on page 13.

Title of Study: _____

Primary Researcher and Organization: _____

Name: _____
Last First Middle Initial

Address: _____
Street City State and Zip Code

Phone Number/s: (____) _____
Home Cell/Other

Email address: _____

School site(s): _____

Research activity (methods): _____

Expected start date: _____

Please read and sign

I hereby certify that all statements on this clearance form are true and complete to the best of my knowledge and belief. I will be considered a researcher only during the time and as requested by the supervising official for each specific research study, if approved. I understand that all interaction with students during the research study is restricted to the school day, on school grounds or at a school-sponsored activity (on or off-site). I understand that I may need to initially provide verification of Tuberculosis (TB) clearance and every 4 years. I may also be required to be fingerprinted.

Signature: _____ Date: _____

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DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY DISTRICT STAFF

____ Megan’s Law website has been checked Researcher Type: 1 2

____ School site(s) and Research & Evaluation notified researcher requirements met

Employee Name: _____

Employee Signature: _____ Date: _____

RESEARCHER MATRIX

Definition of a Researcher: A researcher is an adult 18 years or older (and not a current student attending any TK-12 schools) who conducts a systematic investigation for an academic or evaluation study before, during, or after school hours. This definition excludes post-secondary students completing a course assignment (e.g. 45 CFR §46.102). There are two types of researchers.

Type 1: Unsupervised Student Contact

Research Activities	Fingerprint Clearance	Tuberculosis (TB) Clearance
1:1 student lesson or intervention (inside or outside classroom)	Yes	Yes
1:1 student interview (inside or outside classroom)	Yes	Yes
1:2 or more student focus group (inside or outside of classroom)	Yes	Yes
Co-curricular setting	Yes	Yes
Two-way electronic correspondence – Not permitted	-	-

Type 2: Non-Student Contact and/or Supervised Student Contact

Research Activities	Fingerprint Clearance	Tuberculosis (TB) Clearance
Secondary data analysis	No	No
Web-based survey administration	No	No
In classroom with certificated staff present (<i>less</i> than one school year)	No	No
In classroom with certificated staff present (<i>more</i> than one school year)	Yes	Yes
In school administration office (<i>less</i> than one school year)	No	No
In school administration office (<i>more</i> than one school year)	Yes	Yes
On school grounds for non-student-activity observation	No	No