



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) - RENEWAL

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: Renewals may be approved for a maximum of two years at a time.



Application to Conduct a Research or Evaluation Study in SBUSD

Office of Research and Evaluation

Project Renewal - Form 5

Section A: Applicant Information

Name of Primary Researcher/Evaluator: _____

Title and Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Highest Degree Earned: _____

Names and titles of any additional researchers/evaluators to be involved in the study:

Section B: Study Proposal Update

Study Title: _____

Date of Previous Approval: ___/___/___ Date of Expiration: ___/___/___

School Site(s): _____

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: _____ |

Study Summary to Date

Please summarize your progress to date including the problem it intended to address, any preliminary results, and any programmatic or methodological challenges you faced.

Next Start Date: _____ Next End Date: _____

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



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Project Renewal - Form 5

Proposed Changes

Please describe any proposed changes to the program or research design.

Section C: Study Funding and Assurances

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? _____

Attachments

To complete your request for renewal, please indicate the documents you are attaching:

Included **N/A**

- Copy of Previous Agreement/Approval (Required)
- Report of study findings to date (Required)
- Revised consent form or data collection instruments
- Revised Form 2 – Request for Administrative Data
- Revised Form 4 – Research Fingerprinting and Tuberculosis Clearance
- Evidence of IRB approval extension
- Financial report

Applicant Signature

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 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:**



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: _____

FOR SBUSD USE ONLY

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