

## RESEARCH CONDUCTED IN THE ALLEGANY-LIMESTONE CSD

### GENERAL INFORMATION

It is the responsibility of the Superintendent of Schools or his/her designee to approve all data requests in the Allegany-Limestone CSD.

This approval shall be in writing and must be presented to the building administrator prior to the conduct of any research in the schools.

1. The Office of the Superintendent shall function as the primary recommending agent for approval or disapproval of all research studies.
2. The Office of the Superintendent shall utilize the counsel of the Administrative and Supervisory staff concerned.
3. To the extent that the district teachers may be directly involved in the research activities, the Allegany-Limestone Teachers' Association will be provided an opportunity for review and comment prior to approval or disapproval.
4. To the extent that the district administrators may be directly involved in the research activities, the Allegany-Limestone Administrators' Association will be provided an opportunity for review and comment prior to approval or disapproval.
5. Please note that the application process will take about four weeks. Allow for sufficient time in your schedule.

### PROCEDURES

1. Contact the Office of the Superintendent of the Allegany-Limestone CSD and procure the necessary application to conduct research forms.

#### NOTE: FOR ALL PERSONS AFFILIATED WITH INSTITUTES OF HIGHER EDUCATION

All such applications must be reviewed for both Institutional Review Board (IRB) of the applicant's enrollment and Allegany-Limestone CSD approval (the process for each may occur concurrently). Final approval by the Allegany-Limestone CSD will be contingent upon Institutional Review Board approval.

2. Forward **two copies plus one for each school** of the completed forms (and the parent permission form, if needed) to:

Allegany-Limestone CSD  
3131 Five Mile Road  
Allegany, NY 14706

3. After counsel with the Allegany-Limestone Teachers' Association, the Allegany-Limestone Administrators' Association, and the appropriate staff members, a decision will be made relative to the request to conduct research in the Allegany-Limestone CSD. (Please note that the approval process will take about four weeks, possibly more, depending on the number of school district

staff members who must be contacted for review and comment. Allow sufficient time in your schedule for this process.)

4. All approvals are contingent on your protection of the anonymity of information regarding specific students, staff and schools involved.
5. After receiving written approval, the applicant will then make arrangements with the school district staff members responsible in accordance with the letter of approval.
6. The Office of the Superintendent must be informed prior to any changes in the original proposal that would affect the Allegany-Limestone CSD.
7. Upon completion of the study, applicants will file copies or abstracts of their research with the Office of the Superintendent.

### **CRITERIA FOR APPROVAL OR DISAPPROVAL**

The activity of research conducted within the Allegany-Limestone CSD is viewed as a service to both the school district and the agency sponsoring the research. The approval or disapproval of requests will be made within the following general guidelines.

1. The only requests which will generally be approved are those which:
  - a. contribute to the improvement of education in the Allegany-Limestone schools;
  - b. contribute to the improvement of education in general.
2. Even within the above categories, studies will generally be disapproved if they;
  - a. appear to infringe on the privacy of pupils, parents, or staff members;
  - b. present a burden to pupils or staff members;
  - c. threaten school-community relations in any way.
3. Research solely for a course requirement will be considered only for Allegany-Limestone CSD staff.
4. Efforts will be made to restrict to four or fewer the number of requests approved for any specific school(s) within a single school year.
5. Applications received after March 31 will generally not be approved for the current year.

### **PARTICIPATION OF THE SCHOOLS**

Generally, participation in any research study conducted by an outside agency or individual will be completely voluntary on the part of the principals, teachers, pupils, and any other personnel involved.



5. Please describe the subjects you require-numbers? Ages-grades? Levels? Gender? Other special characteristics?

6. How much total time will be required per subject?

7. Are there any other school records you would require (for example, achievement test scores or attendance?) *If educational record data is being requested as part of your approved research request, it will not be released until we have (in electronic format) a list of the subjects for whom you have a signed consent form.*

8. Give the name of each person who will enter the schools. *(If person will have direct contact with students, proof of fingerprinting will be required.)*

9. What is the date you wish to begin?

10. By what date do you anticipate being finished?

11. Is this research project to fulfill a requirement for:

a. Doctoral Dissertation

b. Masters Thesis

c. Other. Please describe. (If for a course requirement, list course name, number, and instructor's name.)

Only A-L CSD staff may request to conduct research for a course requirement.)

11a. Are you an A-L CSD employee? \_\_\_\_ Yes \_\_\_\_ No

11b. Please obtain the signature of your advisor or the instructor responsible for this assignment, if applicable.

Name\_\_\_\_\_

Signature\_\_\_\_\_

Position\_\_\_\_\_

University/College/School/Department/Division\_\_\_\_\_

12. Please note that if your request is approved, it is with the understanding that you will provide us with a summary of the results of your study as soon as possible after it is completed.

13. Name of applicant \_\_\_\_\_  
Please Print

**I understand that all research results must protect the anonymity of information regarding specific students, staff, and schools involved.**

Signature \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Position/Status \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

\*\*\*\*\*FOR PERSONS AFFILIATED with INSTITUTES of HIGHER EDUCATION\*\*\*\*\*  
THIS SECTION MUST ALSO BE COMPLETED

1. Applications may be reviewed by your Institutional Review Board (IRB) and the Allegany-Limestone CSD concurrently. **Please list your IRB #** \_\_\_\_\_
2. Final approval by the Allegany-Limestone CSD will be contingent upon IRB approval. When approval from IRB is obtained, send a copy to A-L CSD. When approval from the A-L CSD is obtained, send a copy to IRB.