

CEDAR FALLS COMMUNITY SCHOOLS
1002 W. First Street
Cedar Falls, IA

**INSTRUCTIONS FOR REQUESTING APPROVAL TO CONDUCT RESEARCH IN THE
CEDAR FALLS COMMUNITY SCHOOLS**

Definition:

External research that is locally or regionally sponsored, involving students and/or school personnel in at least one school requires prior written approval by either the Associate Superintendent, Executive Director of Student Services or Executive Director of Enrichment and Special Programs.

General Considerations:

The Cedar Falls Community Schools receive many requests to provide administrative assistance, instructional time, and school records for external research. In order that we may quickly review and determine if the research will enhance the goals of education, these procedures have been established.

Consideration will be given to all research proposals that meet all criteria. The primary responsibility of the school system is education of the students; any cooperation in research is in that context.

All research proposals should do the following:

1. Indicate careful planning.
2. Enhance education in the Cedar Falls Community Schools.
3. Respect prevailing value systems and standards of the school and community.
4. Require no serious interruption of the regular school program. Advance planning with involved building principals is required.
5. Avoid unreasonable demands on students and/or school personnel.
6. Treat information concerning pupils and staff personnel in strictest confidence.
7. Require no expense to the Cedar Falls Community Schools beyond discretionary use of staff or pupil time.

Procedures for Submitting Proposals:

Forms for submitting proposed studies may be secured from either the:

Associate Superintendent
Executive Director of Student Services
Executive Director of Enrichment and Special Programs

Cedar Falls Community Schools
1002 W. First Street
Cedar Falls, IA 50613

(OVER)

Proposals should be submitted using the standard application form of the Cedar Falls Community Schools.

The following items must be included:

1. A copy of all instruments to be used in the study.
2. An outline of procedures that will be followed in distribution, administration, and return of any materials, such as a student questionnaire. This is the sole responsibility of the researcher.
3. Copies of all contact letters.
4. The signature of the researcher indicates agreement with and understanding of the established conditions.

Procedures for Review, Notification, and Implementation:

The Superintendent has delegated the responsibility of research control in the Cedar Falls Community Schools to the Associate Superintendent, Executive Director of Student Services and Executive Director of Enrichment and Special Programs. The procedures for reviewing requests to conduct research, method of notification, and procedures for implementation are as follows:

1. The Associate Superintendent, Executive Director of Student Services or Executive Director of Enrichment and Special Programs approves or disapproves all research requests.
2. The Associate Superintendent, Executive Director of Student Services or Executive Director of Enrichment and Special Programs sends written notification to the research applicant of approval or disapproval, and copies to involved administrators.
3. The researcher is responsible for contacting the staff personnel to schedule time with involved participants.

For Proposals Not Approved, These are Alternative Courses of Action:

1. Changes in design or procedures as specified.
2. Personal interview with the Associate Superintendent, Executive Director of Student Services or Executive Director of Enrichment and Special Programs.
3. Approval of the request, subject to specified conditions and limitations.

Written authorization to pursue a research project in the Cedar Falls Community Schools must be received before the project is initiated.

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH
IN THE CEDAR FALLS COMMUNITY SCHOOLS

Complete this form in duplicate and return to either the Associate Superintendent, Executive Director of Student Services or Executive Director of Enrichment and Special Programs, Cedar Falls Community Schools, 1002 W. First Street, Cedar Falls, IA 50613.

1. General Information

Applicant's Name _____ Phone _____

Address _____ Zip Code _____

Resident of Cedar Falls? Yes ___ No ___ Resident of Iowa? Yes ___ No ___

Cedar Falls Contract Teacher? Yes ___ No ___ Student Teacher? Yes ___ No ___

Sponsoring Institution/Agency _____

2. Your proposed research project must include the following details:

- Title of Study
- Purpose for pursuing research (thesis, advance degree work, personal information, etc.)
- Description of problem, including hypotheses and statistical treatment
- Specific data required
- Schools to be surveyed (if known)
- Number of pupils to be surveyed
- Number of teachers and other staff members to be surveyed
- Dates research will be conducted (if known)
- Estimated amount of staff and student time required
- An outline of procedures you will follow in distribution, administration, and collection of instruments requiring staff or student response

PLEASE NOTE:

- a. Contact individual buildings once the district representative grants approval.
- b. This application must be accompanied by one copy of all instruments used in the research.
- c. Allow five weeks for review and evaluation of your request. Please understand that the Cedar Falls Community Schools have a responsibility for the education of approximately 5,000 students. With several colleges and universities in the region, it may not be possible to honor all requests because of the many applications.
- d. To avoid conflicts in opening and closing school activities, research must be scheduled between October 1 and April 1.
- e. An interview with the applicant may be necessary.
- f. Any news release or story must be cleared through the appropriate director.

I understand that the granting of permission to pursue this research project in the Cedar Falls Community Schools obligates me to provide three copies of an abstract of findings to the Associate Superintendent, Executive Director of Student Services, Executive Director of Enrichment and Special Programs, or designated representative, and one copy to each principal of the building where the project was carried out. At the request of school officials, I agree to provide them with one complete copy of all findings directly resulting from the study. I further agree to comply with all conditions described in "Instructions for Requesting Approval to Conduct Research in the Cedar Falls Community Schools."

Signature of Applicant _____ Date _____

Signature of Sponsoring Professor _____ Date _____

Associate Superintendent

Executive Director of Student Services

Executive Director of Enrichment and Special Programs

Date _____