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| Do not write in this box**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

**PITTSBURGH BOARD OF PUBLIC EDUCATION**

**REQUEST FOR CLEARANCE TO CONDUCT RESEARCH**

Directions: The information requested herein should be provided by the Principal investigator of the proposed study. If the research is being conducted pursuant to the degree requirements of an educational program, the Principal Investigator's research advisor must review this proposal and indicate approval and willingness to assume responsibility for compliance with its requirements by signing at the place provided. Please keep the following in mind when submitting your application, **no fieldwork is permitted in schools from January 2 through the end of the PSSA administration (varies from year to year)**. **Proposals requesting access to schools during this time period will be denied.** **The PPS IRB does not guarantee approval so any requests pursuant to a degree or related to funding should have an alternate plan in case of IRB denial.** All requests requiring access to students must attach appropriate Child Abuse History Clearance and Criminal Background Check documentation. Applications submitted during the summer months will take longer to be reviewd. All proposals requiring access to certain student data must sign a Pittsburgh Public School’s Confidentiality Agreement Form before approval of IRB request. All consent forms **must be informed consent only** with detailed information of the study as well as copies of all surveys/instruments. All proposals requiring medical/health related data and/or information are subject to HIPPA laws. Return 1 electronic copy via email to Deborah Friss, dfriss1@pghboe.net and 1 printed copy of the completed and signed forms, along with all supporting materials, to:

Deborah Friss, Director of Research

Pittsburgh Public Schools

341 South Bellefield Ave, Rm. 234

Pittsburgh, PA 15213

(412) 529-3710

1. **GENERAL INFORMATION**
2. Name: \_\_\_\_\_\_

Address: \_\_\_\_\_

 \_\_\_\_

 \_\_\_\_\_

Email Address: \_\_\_\_\_\_

Telephone Number(s) \_\_\_\_\_\_

Organization or Institution: \_\_

Anticipated Date of Completion of Project:

1. (Complete if Research is Pursuant to Degree Requirements)

Degree Sought:

University:

School/Department

Research Advisor:

Committee Members:

1. **RESEARCH DESCRIPTION**

A. Title of the Study:

B. Statement of the Research Problem:

1. Hypotheses:

1. Design:

1. Research (Human Subjects) Participants (Subjects):
2. Number and type of participants including any special characteristics:

1. How will participants be recruited?

1. How will participants be selected?

1. Will participants receive any type of compensation for their participa-

tion? [ ]  No [ ] Yes

If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has funding been secured for this project? [ ]  No [ ] Yes

If yes, what is the source of the funding:

1. **RESEARCH DESCRIPTION (continued)**
2. Sequential Outline of Procedures:

1. Data Collection
2. Instruments: List and attach all tests, questionnaires, interview protocols, observation schedules, etc. and describe the subjects to whom each will be applied:

 Human

 Instrument(s) Subjects\* Special Characteristics\*\*

1. Methods of collecting the data:

1. Timeline for collecting the data: From       through      .
2. **RESEARCH DESCRIPTION (continued)**
3. Data Analyses:

\* e.g., students, parents, teachers, administrators, etc.

\*\* e.g., achievement levels, socioeconomic status, exceptionalities, neighborhoods, etc.

1. **PROTECTION OF SUBJECTS AND DATA**

 Are there any potential risks to subjects or others?

[ ]  No [ ] Yes (If yes, describe and list whether any compensation and treatment will be provided to an injured subject.

You must promptly report to the PPS IRB any unanticipated problems involving risks to subjects or others or any serious or continuing non-compliance with the PPS IRB stipulations. You must provide the name(s) and contact information for research subjects to contact in the event of any research-related injuries. This person(s) must be able to provide assistance and explain legal rights and any recourse a subject may have.

Describe all procedures, protections and controls with respect to the following:

1. Informed Consent (attach all letters and forms) All signed consent documents are to be retained for at least 3 years after the completion of the research and according to institutional policy. **Parental consent cannot be waived:**

1. Release of Information: (If applicable, attach all label and relevant documents):

1. Confidentiality:

1. Security of Data:

1. Access to Data:

1. Longevity of Databases:

1. How will data be published and what safeguards will be used to ensure anonymity

of subjects used in published data:

1. **COSTS AND BENEFITS**
2. Complete the following table:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | TIME REQUIRED PER PARTICIPANT |
| UNIT | List Name(s) of School(s)\*Required for Approval | # OF PARTICIPANTS INVOLVED | Within School During Instructional Day, **(Must submit a Rationale)\*** | Outside of School or Instructional Day |
| Schools |       |       |       |       |
| Classrooms |       |       |       |       |
| Students |       |       |       |       |
| Parents |       |       |       |       |
| Teachers |       |       |       |       |
| Administrators |       |       |       |       |
| Others (specify): |       |       |       |       |

1. Will this project have any other impact on or costs to the research participants, school(s), or school time?

[ ]  No [ ] Yes (If yes, describe):

1. **Do you or any individual who is associated with/responsible for the design, the conduct, or the reporting of this research have an economic interest in or act as an officer or a director for any outside entity whose financial interests would reasonably appear to be affected by this research project?** **[ ] Yes (please explain and list names and organization of individuals)** [ ] **No**

D. List the potential benefits of this project, including any benefits to the

Pittsburgh Public Schools.

1. **STATUS OF SITE AND PARTICIPANT PROCUREMENT**
2. Have you done anything to secure funding, sites and/or participants for this study from

the Pittsburgh Public Schools? \_\_\_\_No \_\_\_\_Yes—If yes, what specifically have you done, who have you contacted, and what were the results?

\*Please attach listing if necessary.

1. **CHECKLIST FOR SUBMISSION OF SUPPORTING MATERIALS**

Attach all of the following materials that are appropriate to the proposed study. Check those that are included with this submission.

[ ]  Letters of introduction and general descriptions of staff and faculty

[ ]  Letters and forms with which to secure informed consent from parents or

 students

[ ]  All applicable documents related to release of information.

[ ]  Copies of all data collection devices along with all relevant descriptive and

 technical information

[ ]  Institutional Review Board of Human Subjects Review Panel approvals

[ ]  FBI, Criminal History and PA Child Abuse Clearance, for anyone requesting access to schools

 or students

[ ]  \*Rationale supporting study done during instructional time

If any of the above conditions are not applicable to your request, you must explain in detail the reason(s) below. If this information is not completed, it will delay the processing of your request.