

Affidavit of Assurances and Certifications

REQUIRED ASSURANCES AND CERTIFICATIONS

I hereby certify as the Principal Investigator THAT to the best of my knowledge all of the information in this request is accurate and complete and I have read, understand and agree to abide by the following:

1. I understand that participation of any staff or student of the Pittsburgh Public Schools is entirely voluntary; staff or students may terminate their participation at any time. Refusal to participate will not result in any loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits. I agree to limit the research to only those staff or students who consent to participate in the study. I also agree that no researcher nor individual involved in anyway with this research study will visit any Pittsburgh Public School's buildings, staff, students or parents until this research requested has been approved by the Internal Review Board (IRB).
2. I understand that informed affirmative parental consent is required for student participation in this study, as well as, the collection or release of individual or class level student data (even for data gathered anonymously) and that permission may be revoked and participation terminated at any time. I agree to assume responsibility to obtain this permission: to maintain records of informed parental consent; to provide evidence of it upon request from officials of the Pittsburgh Board of Education and to include in this research only those students for whom affirmative and informed parental consent has been explicitly obtained. A PPS Confidentiality Agreement Form must be signed by the Principal Investigator for access to certain student data along with signed parent/guardian permission indicating what data is being requested for their child.
3. The data collected in connection with this study are for the purpose of carrying out only the research that is here described. Any subsequent collection of data or analyses will not be done without the prior consent of the Pittsburgh Board of Public Education.
4. I will endeavor to execute this study as it is described in this proposal. I will submit any amendments of this plan to the Internal Review Board (IRB) of the Pittsburgh Public Schools for further review and approval. If I am unable to complete this research within the time indicated herein, I will make a subsequent request to the IRB to continue this research.
5. I agree that the data collected pursuant to the research described herein, as well as all relevant analyses, will not be sold or conveyed to others for financial gain or consideration for myself or anyone with whom I am associated.
6. I agree that there will be no publication or report of this research without prior review of that report by the Internal Review Board as to the reports accuracy and preservation of the confidentiality and rights of the participants.
7. I agree to complete all analyses and publication or reporting of results by the date indicated in this proposal. I agree to destroy all data collected in connection with this research (preserved in any medium whatsoever) by the date indicated, and I will notify the Internal Review Board when this has been done.
8. I agree to provide the Internal Review Board with progress reports upon request.
9. I agree to notify the District of the completion of this research, to provide two copies of the results and any publications arising from this research, and to appropriately credit the Pittsburgh Public Schools in any publications based on this research.

I also understand that if I am out of compliance with any of the above procedures, my approval becomes void.

Signature of Principal Investigator: _____ Date _____

If the proposed research is pursuant to degree requirements, the research advisor must sign and date the spaces below to indicate agreement with the following: I have reviewed this request; find the research proposal and related materials to be satisfactory, support the proposed research; and will assume responsibility to see that it is executed as described herein and in accordance with the above certifications and assurances.

Signature of Research Advisor: _____ Date _____

Institution: _____

Department: _____