San Bernardino City
UNIFIED SCHOOL DISTRICT

Accountability & Educational Technology

California State University San Bernardino
Request to Conduct Research Packet

Send completed application to:

San Bernardino City USD
Accountability and Educational Technology
4030 Georgia Blvd.
San Bernardino, CA 92407
(909) 473-2070
Heidi.dacio@sbcusd.k12.ca.us
CC: Barbara.Richardson@sbcusd.k12.ca.us   Date_____

Organization and/or Individual Requesting Use of Data

    a. Project Director and Title: _____

        _____

    b. Telephone (include area code): _____

    c. E-mail: _____

    d. Signature: _____

    e. Are you an employee of SBCUSD? _____

    f. Faculty Advisors: _____

    g. Contact: _____

Summary of Study Proposal and Project Activities

    a. Title of Study/Project: _____

        _____

    b. Summary of Study Proposal and Project Activities:
        (Attach as many additional sheets as required)
        Note: The summary provided below should be self-contained so that it can serve as a succinct and
        accurate description of the project and should include the following information in the description
        of your study:

1) Does this project involve a survey/interview?
   Yes_____ (Please include a copy of the survey/interview questions for review)
   No_____

2) How will the requested data be used? (e.g. Do you plan to use the information to track students, send them mailings, or contact them via telephone/email? Do you intend to use the data to produce reports about students? To whom would you provide such reports?)

3) Will the project involve matching with other data files? Explain. Specify the type and source of these files.

c. **Output Produced from this Project/Study:** Will results be presented in a manner that may allow identification of individual records? <u>Please attach copies of consent for participation forms if applicable.</u>

d. Identify names of individuals* who will have direct contact with students.

NAME	TITLE

*Background clearance verified through SBCUSD Police Department

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Type and Format of Data Requested

a. Describe in detail the student data you need provided (Attach as many additional sheets as required)

b. Data type: Excel____   PDF report____   Other (please specify)_____

Confidentiality of Data and Data Retention

a. How will you maintain the confidentiality of the data obtained? Include an explanation of how and where such data will be stored as well as how and when you plan to dispose of the data after your study is completed. Also describe the safeguards that exist (or will be implemented) to ensure that the data will be used solely for the purpose of this research project.

b. Who will have access to this data, either electronically or through printed reports, etc.? Please specify their names and affiliations. Note that access must never be given to anyone other than those approved here.

NAME	TITLE

All accepted California State University San Bernardino research proposals will receive conditional approval upon verification through this process. Once conditional status is granted a University IRB approval must be submitted to Accountability and Educational Technology for final SBCUSD approval.