

Conducting Research at Ysleta ISD

Welcome to the YISD Research and Evaluation Office!

If you are interested in conducting research at YISD, please read the district policy and provide the required documentation.

Basic Information

All research projects must adhere to the federal regulations that stipulate protection of human research subjects (U.S. Department of Health & Human Services--45 CFR Part 46) and the privacy rights of individuals (Family Educational Rights and Privacy Act—20 USC & 1232 34 CRF Part 99).

Directions

Submit the YISD research application to the Accountability, Assessment, Research and Evaluation Office. You may mail or bring your application to the office.

Upon approval, a notification letter with a district IRB number will be sent to the principal investigator. District approval does not ensure campus approval or subject participation.

Informed Consent

It is mandatory that informed consent must be obtained prior to beginning the research project. In the case of students as research subjects, parental consent is required. In some cases, assent forms from students will be requested. Research projects that request aggregated data (e.g. TAKS results by campus) are not required to obtain consent unless the data is based on personal identification (e.g. teacher names and class TAKS scores).

Timeline

Applications will take about **10-14 working** days to process and review. There may be a request to modify parts of your application and this may delay the application process. **The district application timeline does NOT include the time that might be needed to get campus approval, recruit research participants, or data retrieval (if requesting database).** Therefore, it is highly recommended that each research proposal be planned with appropriate timelines.

If you have any questions, please contact Elea Uruga at (915) 434-0718 or email euraga@yisd.net.

Case Number _____
(Completed by YISD)

YISD EXTERNAL RESEARCH APPLICATION

Directions

Be as specific as possible when providing information.

Type the application/use Microsoft word program.

Provide a copy of the IRB approval from your institution, agency, or organization.

NOTE: Researchers who will come in contact with students are subject to a background check, for which a fee may be charged.

CONTACT INFORMATION

Principal Investigator /Main Contact Person

Name:
Address (if P.O. Box address provide an alternative address):
Phone Number:
Fax number:
Email:

Affiliation/University

Name:
Address (if P.O. Box address provide an alternative address):
Phone Number:
Fax number:
Email:

Project Director/ Supervisor / University Professor (Chair)

Name:
Address (if P.O. Box address provide an alternative address):
Phone Number:
Fax number:
Email:

TITLE OF YOUR RESEARCH STUDY

ORGANIZATIONAL/PERSONAL OBJECTIVE OF RESEARCH STUDY
(Check box)

University	
Dissertation (Ph.D./Ed.D)	<input type="checkbox"/>
Thesis (Master's)	<input type="checkbox"/>
Partial fulfillment of graduate course requirement	<input type="checkbox"/>
Faculty Research/Publication	<input type="checkbox"/>

Government	
• State	<input type="checkbox"/>
• Federal	<input type="checkbox"/>

Other	
• Private Organization	<input type="checkbox"/>
• <i>name</i>	<input type="checkbox"/>

TYPE OF RESEARCH STUDY

Is part of your proposed research study the implementation of a program? Yes ___ No ___

If yes, what type of program?

- Curriculum methods program (e.g. math instruction) _____
- Student services program (e.g. student mentoring) _____
- After school program (e.g. diabetes prevention) _____
- Professional development _____
- Other _____

PLEASE NOTE: If proposing the implementation of a program, please attach a copy of the program, its time table, curriculum, and materials.

ETHICAL CONSIDERATION: If you are planning to implement an instructional program as part of graduate coursework requirement, it is highly recommended that ALL of your students receive the same instructional program.

Is this a longitudinal study? Yes ___ No ___

PLEASE NOTE: If proposing a longitudinal study, please note that each year a research application will need to be submitted. District approval is based on a yearly basis.

Is this research part of a contract or grant? Yes ___ No ___

If so, please identify _____

PURPOSE OF RESEARCH STUDY

1. What is the purpose of your research study? Explain (provide rationale grounded in previous research literature or attach a copy of your literature review).
2. What is your hypothesis?

RESEARCH METHODS

Research Participation

1. What criteria are you using to select the study's sample (e.g. demographics)?
2. Explain sampling method (e.g. stratified sampling).
3. Describe your potential research participants below.

SAMPLE	NUMBER	DESCRIPTION (grade, name of schools, other characteristics)
STUDENTS		
STAFF/OTHER		
PARENTS/GUARDIAN		

PLEASE NOTE: You must obtain principal approval to conduct research at the respective campus.

4. Explain the procedures (logistics) you will employ to solicit the participation of research subjects (e.g. meet with teacher and students).
5. Explain the procedures (logistics) on how you will obtain informed consent from your research participants (e.g. who will hand out the consent forms, how they will be collected, etc.).
6. What are the potential risks to your subjects? Explain below.

RISK INVOLVED *(if this does not apply write NA)*

Physical	
Emotional	
Psychological	
Social	
Financial	

7. What steps will you take to minimize risks?

Physical	
Emotional	
Psychological	
Social	
Financial	

Data Collection Methods

1. What instruments will you employ in your study?

PLEASE NOTE: You will need to provide copies of your research instruments (surveys, questionnaire, interview questions, etc.) along with the application.

2. How will the data be collected? Provide detailed description of data collection procedures as well as who will be involved in the data collection (e.g. names of research team).

3. Describe anticipated disruptions to campus life (e.g. classroom visits, time taken from instructional sessions, home visits, etc.)

4. If you are requesting database file information from the district, please provide list of all the variables (it is preferable that an EXCEL formatted list be provided).

5. What steps will be taken to maintain data confidentiality/anonymity?

6. How will the data be stored and secured?

7. Who will have access to the data? For what purpose. Explain.

Methods of Data Analysis.

1. Explain the planned methods for data analysis (e.g. quantitative/qualitative methods).

Results

1. How and where are the results going to be disseminated (e.g. journal, thesis manuscript, etc.)?