RESEARCH APPLICATION PACKET

Office of Analysis & Research
505. S. Main, Las Cruces, NM 88001
Table of Contents

Application Checklist ................................................................................................................................. 2

Research Application ............................................................................................................................... 3-6

Researcher Agreement & Acknowledgement .......................................................................................... 7-9
### General Project Information

<table>
<thead>
<tr>
<th>Title of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Dates</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Applicant Contact Information (Principal Investigator)

<table>
<thead>
<tr>
<th>Title</th>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization/University Name</th>
<th>Type of Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LCPS Employee?  ☐ Yes  ☐ No  
List school/department/position:  
Seeking Degree?  ☐ Yes  ☐ No  
List type of degree:  

### Additional Contact Information (Project Director or Study Supervisor)

<table>
<thead>
<tr>
<th>Title</th>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization/University Name</th>
<th>Type of Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Application Checklist

Check all boxes to indicate submission of all applicable materials as part of your proposal.

- ☐ Application Cover
- ☐ Application to Conduct Research
- ☐ Researcher Agreement Form (ILD-E3)
- ☐ Background Check, if researcher will have unsupervised contact with students, at no cost to the district. (Regulation ILD-R)
- ☐ Copy of Proposal (as submitted to Organization/University)
- ☐ Copy of ALL Study Instruments (e.g. survey, interview questions, etc.)
- ☐ Copy of Consent Forms for all subjects (English and Spanish forms are required for parents)
- ☐ Copy of Assent Forms for students
- ☐ Copy of Organization/University IRB Application/Approval Letter

Failure to submit required materials or multiple submissions may delay the processing of the application.
## GENERAL PROJECT INFORMATION

<table>
<thead>
<tr>
<th>Title of Study</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed Dates</td>
<td>Start Date</td>
</tr>
</tbody>
</table>

Is this part of a thesis or dissertation?  ☐ Yes  ☐ No

**This research is related to:**

☐ University Research Study  ☐ Professional Research Organization  ☐ Independent Research  
☐ Federal Contract for Research  ☐ State Contract for Research  ☐ District Contract for Research  
☐ Other ________________________________

Do you have a current MOU/MOA with LCPS?  ☐ Yes  ☐ No

Will any Research member have unsupervised contact with student/s at any point during the study?  ☐ Yes  ☐ No

## APPLICANT INFORMATION (PRINCIPAL INVESTIGATOR)

<table>
<thead>
<tr>
<th>Title</th>
<th>First Name</th>
<th>Last Name</th>
<th></th>
</tr>
</thead>
</table>

## PROJECT OVERVIEW

Please provide a brief description of your research project. Explain the study so that persons unfamiliar with the research will be able to understand the purpose, objectives and rationale behind it. (Limit to 100 words)

## RESEARCH QUESTIONS

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Specific Data Sets Needed to Answer Research Question</th>
<th>Who will Provide Data Needed (district, school, etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## DESIGN of the STUDY (Procedures, Methods, Timeline)

Is your study proposing the implementation of a program?  ☐ Yes  ☐ No

If yes, please provide a brief description of the program below.
Direct and Long-Term benefits to the district as a result of the research study.

Potential Risks to Las Cruces Public Schools or its students (all research has potential risks)

How does this project relate to LCPS’s district goals, strategic priorities, and/or initiatives?
- ☐ Mental Health Support, Intervention, Behavioral Management
- ☐ STEM (Science, Technology, Engineering, and Math) Skill Development
- ☐ Math and/or Math Skill Improvement
- ☐ Early Childhood Learning (Pre-k)
- ☐ Dropout Prevention, Improvement of Graduation Rates
- ☐ Promoting Math and Reading Skills in Students with Disabilities and English Language Learners
- ☐ Instructional Technology Skill Development
- ☐ Teacher Recruitment and Retention
- ☐ Other

How and where will the project results be disseminated (e.g., doctoral dissertation, presentations, reports, etc.)?

If research is approved I agree to submit the outcomes of the research study □ Signature indicates agreement

Date when the LCPS IRB can expect to receive a report on the outcomes of the research study? (within 60 days)

How is the proposed study being funded?
- ☐ By applicant
- ☐ By a research grant (provide source of grant) ____________________________________________
- ☐ Other (specify) ___________________________________________________________________

Will your study include the use of incentives for participation? □ Yes □ No

Las Cruces Public Schools has a policy (GBEBC) that does not allow compensation or gift cards be offered within research studies, as this is an enticement to participate. Participation must be voluntary and free from undue influence. However, donations can be made to the school with the purpose of serving the interests of the school as a whole and not for the benefit one particular teacher, grade etc.
IRB APPROVAL AND PROTOCOL

(LCPS requires all research proposals have IRB approval before being submitted for district review)

If there are aspects of the approved IRB protocol that do not apply to the Las Cruces Public Schools’ study, please describe below. If the research entity is not affiliated with a university/college, please indicate how your proposal has been reviewed for ethical considerations.

☐ Approval Received  ☐ Application Pending

☐ Exemption Received  ☐ No human subjects involved (requesting de-identified data ONLY)

☐ Provisional Approval Received  ☐ None of the above: Explain your IRB status below

ADDITIONAL RESEARCHERS INVOLVED

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>EMAIL</th>
<th>Unsupervised contact with students?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DATA COLLECTION

What grade levels will be targeted in your study?

☒ Prekindergarten  ☐ 2nd Grade  ☐ 5th Grade  ☐ 8th Grade  ☐ 11th Grade
☐ Kindergarten  ☐ 3rd Grade  ☐ 6th Grade  ☐ 9th Grade  ☐ 12th Grade
☐ 1st Grade  ☐ 4th Grade  ☐ 7th Grade  ☐ 10th Grade  ☐ All Grade Levels

Which schools will be included in your study?

1. ☐ All Elementary Schools  ☐ All Middle Schools  ☐ All High Schools
2. ☐ Individual School(s) (check off all the school(s))

### Elementary Schools
- ☐ Alameda ES
- ☐ Booker T. ES
- ☐ Central ES
- ☐ Cesar Chavez ES
- ☐ Columbia ES

- ☐ Conlee ES
- ☐ Desert Hills ES
- ☐ Dona Ana ES
- ☐ East Picacho ES
- ☐ Fariacres ES

- ☐ Hermosa Heights ES
- ☐ Highland ES
- ☐ Hillrise ES
- ☐ Jornada ES
- ☐ Loma Heights ES

- ☐ Mac Arthur ES
- ☐ Mesilla ES
- ☐ Mesilla Park ES
- ☐ Monte Vista ES
- ☐ Sonoma

- ☐ Sunrise ES
- ☐ Tombaugh ES
- ☐ University Hills ES
- ☐ Valley View ES
- ☐ White Sands(K-8)

### Middle Schools
- ☐ Camino Real MS
- ☐ Lynn MS

- ☐ Mesa MS
- ☐ Picacho MS
- ☐ Sierra MS

- ☐ Vista MS
- ☐ Zia MS

- ☐ Mesilla Valley Leadership Academy MS
- ☐ White Sands(K-8)
Are you requesting permission to collect data directly from staff or students (e.g., surveys, etc.)?  
☐ Yes    ☐ No

If yes, please list the category of participants involved (i.e. students, teachers, principals, parents, district personnel, other school staff, other), the activities each group is involved in (interviews, survey, focus group, observations, pre/post learning measure, etc.), number of each involved in the research, and the estimated time each activity will require. A sample is provided below.

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>10</td>
<td>30 minutes</td>
<td>Interview</td>
</tr>
<tr>
<td>Principal</td>
<td>2</td>
<td>10 minutes</td>
<td>Interview</td>
</tr>
<tr>
<td>Students</td>
<td>30</td>
<td>30 minutes</td>
<td>Survey</td>
</tr>
</tbody>
</table>

Are you requesting existing data records (e.g., state assessment scores, other test scores, etc.)?  
☐ Yes    ☐ No

If yes, for which school-year(s) will you require data?  

What level of data will your study require?  
☐ District level  ☐ Campus level  ☐ Individual level

How will you be collecting the existing data records?  
☐ I am an LCPS employee and will collect the data myself, pending IRB approval.

☐ I will have the Study Site Principal/participants collect the data for me, pending IRB approval.

☐ I will need district assistance in retrieving/collectiong the data.

*Demands on staff resources will be assessed; all department and district obligations are prioritized*
External Research
Researcher Agreement & Acknowledgement

GENERAL PROJECT INFORMATION
Title of Study

APPLICANT INFORMATION
First Name    Last Name

CONFIDENTIAL DATA ASSURANCES TO LCPS
I understand that any unauthorized disclosure of confidential information is illegal as provided in the federal Family Educational Rights and Privacy Act of 1974 (FERPA), 20 U.S.C. 1232 eg. seq. and in the implementing federal regulations found in 34 CFR Part 99. I understand that participation in a research study by students, parents, and school staff is strictly voluntary.

I understand that personally identifiable information in education records shall not be released. I agree to create unique identifiers for each student in the sample and once created, to delete all original identifiers from any data sets. I understand that the study must be conducted so that personal identification of students and their parents will not be revealed to persons other than authorized personnel of the organizations conducting the studies.

In addition, I understand that any data, datasets or output reports that I, or any authorized representative, may generate are confidential and the data are to be protected. I will not distribute to any unauthorized person any data or reports that I have access to or may generate using confidential data. I also agree that such data will be destroyed immediately upon completion of the research study. I hereby agree that no portion of the data file is to be copied or transferred form the secure server or confidential data file to a secondary company or agency.

Finally, I agree that failure to abide by the requirements of this client agreement may lead to the immediate revocation of any contract or research project that I may be performing for LCPS. I understand that any intentional, knowing, or negligent release of confidential student information to unauthorized persons may also subject me to a legal cause of action for violation of an individual's civil rights in addition to state or federal criminal penalties. My signature below constitutes my agreement to abide by the procedures for protecting the confidentiality of individual records.

REQUIRED SIGNATURES
APPLICANT
Printed Name    Signature    Date
UNIVERSITY ADVISOR
Printed Name    Signature    Date
ORGANIZATION PROJECT SUPERVISOR/DIRECTOR
Printed Name    Signature    Date
RESEARCH PROPOSAL ASSURANCES TO LCPS

1. The study must align with the Las Cruces Public Schools district goals, strategic priorities and the District’s core initiatives.

2. The study has a theoretical basis from which the research questions and hypotheses are derived. The research questions and hypotheses are supported by previously published research.

3. The description of the methodological procedures includes the research design, sampling design, and data analyses. The methods are contemporary, efficient, and appropriate.

4. A copy of all instruments and their source is included. Information on validity and reliability is provided. An original instrument has been piloted and a summary of the pilot results, including information on the source of items, is provided. Justification of the use of the instruments with the proposed sample and with the research questions and hypotheses will lead to interpretable results.

5. The data collected meets the assumptions of the data analysis. The data analyses test the hypotheses and will lead to interpretable results.

6. Any study involving students requires active, informed, and written consent of the parent or guardian. Active, informed consent to research is not simply the signing of a document provided by the researcher, nor verbal or implied acquiescence to participation. Instead, active, informed consent describes a process by which potential subjects are offered information about the research as it applies to them, followed by a reasoned and voluntary decision to participate. The active, informed consent document provides a guide for the researcher and potential subject. The document must describe the research in such a way that the potential subject will understand the information necessary to reach an informed choice about participation. Specific information about each study must be tailored to the level of understanding of each person invited to consent, assent, or give permission.

7. The principal investigator is responsible for ensuring that an active, informed consent/assent form is obtained from each research subject and that the document is signed and dated appropriately.

8. The study must not violate the Family Educational Rights and Privacy Act of 1974, which protects the privacy of students’ educational records. The study must demonstrate that there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data. The applicant, principal investigator, must ensure the study complies with ethical conduct guidelines established by the Department of Health and Human Services, and the Office for Human Research Protection (OHRP), as well as the disclosure of student records outlined in the Family Educational Rights and Privacy Act (FERPA).

9. The Institutional Review Board (IRB) of the university/organization will oversee the study; however, the LCPS Office of Analysis & Research has moral and legal obligations that require the researcher to keep the office apprised of the progress of the research activities.

10. The study must make provisions for protecting the confidentiality of all subjects’ personal data. Students, parents, or employees will not be personally identified in any reports or publications that may result from this study. The student data must be aggregated to avoid any identifiable information. The data collected/released during the study will not contain personally identifiable information. Any personal information gathered during this study will be destroyed after completion of the study. Electronic data will be released using secure and encrypted transmittal procedures.

11. Projects cannot involve sensitive information or confidential information that could place a participant at risk if disclosed or dealing with matters that the subjects would not wish to have known by others (e.g., drug use, sexual history, etc.).

12. Any study involving access of employee records must be voluntary and requires written consent of the employee.

13. The study must attempt to identify methods or factors that will improve the quality of education in the LCPS.

14. The study is not offensive to the values and standards of the school, community, or any racial or ethnic group and does not inquire in an obtrusive manner into religion, gender, home, or family life.
15. The District IRB makes the final recommendation. However, permission to conduct research does not guarantee any schools’ willingness to participate. In all instances, the principal of a school can terminate or reject the participation of their campus in the study.

16. The study makes minimal interruptions of the regular school program and makes no undue demands upon the time of students, teachers, administrators, or other District personnel. Campus selection must be considered and may be limited due to other currently active studies on that campus.

17. The District IRB is guided by the Belmont Report guidelines, especially those sections on voluntary participation and undue influence.

18. The study is planned well in advance to avoid conflicts in scheduling and no data is collected on Districtwide testing days.

19. The study does not require additional allocation of District funds.

20. The study will not use the District’s name when findings are published or reported without previous consent in writing. The study will not present the District in a misleading or negative fashion.

21. The study indicates a date by which the LCPS IRB can expect to receive a final copy of the study. If the IRB does not receive a copy of the final report by the indicated date or a satisfactory explanation of failure to meet the deadline, the dean of the applicant’s college or the director of the agency/project involved will be informed.

**APPLICANT’S AGREEMENT AND SIGNATURE**

☐ I, the research study applicant, have read the above and hereby agree the research study meets the criteria established. If my request to conduct research is granted, I agree to abide by all policies, rules, and regulations of the District including securing written parental permission prior to implementation of my project, and maintaining the confidential nature of records, and the privacy and rights of the individual and school.

<table>
<thead>
<tr>
<th>APPLICANT</th>
<th>Printed Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**SUPERVISOR/PROJECT DIRECTOR’S AGREEMENT AND SIGNATURE**

☐ I, the research study advisor/supervisor, understand that supervision of this project and responsibility for a report on its outcome rests with me. I also understand that the privilege of conducting future studies is conditioned upon the fulfillment of such obligation.

<table>
<thead>
<tr>
<th>UNIVERSITY ADVISOR</th>
<th>Printed Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROJECT DIRECTOR</td>
<td>Printed Name</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>