Fairfax County PUBLIC SCHOOLS
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Division Research Screening Committee Application

Fairfax County Public Schools' (FCPS) Division Research Screening Committee reviews applications during six designated review windows. Applications that are complete by a submission deadline will proceed into the review process for that window. For more information on submission deadlines, visit the [Research Screening](#) website.

Incomplete applications will not be processed and will not enter the review process until complete.

The research applicant is responsible for monitoring the completeness of the application packet (including the submission of all required supplementary documents), using the proper form of consent, and ensuring that data collection occurs neither during FCPS' data collection black-out windows nor prior to the anticipated decision date for the window in which the application is reviewed.

Part I - Study Background

Section I - **Application Information:** Please provide the information requested below.

A. **Applicant(s) Name(s) -** Provide the names of the lead researcher involved in the application and primary contact (person responsible for all communication) if this person is different from the lead researcher.

Lead Researcher:

Primary Contact (if different from the lead researcher):

Additional Contact(s):

B. **Contact Information -** Provide the mailing address, phone number, and email address of the lead researcher and, if different, the primary contact.

	Lead Researcher	Primary Contact
Mailing Address		
Phone Number		
Email Address		

C. **Title of Study -** Provide the title of the study:

D. **Employer and Position Title -** Provide the name of the lead researcher's employer and the position title of the lead researcher.

Employer:

Position Title:

Is the lead researcher or any other person involved in carrying out this study an FCPS employee?

☐ Yes   ☐ No

E. Reason for Research

Is this research being done to meet an academic requirement?

☐ Yes ☐ No

If yes, please respond to the following questions.

What academic requirement will this research help to fulfill?

☐ Dissertation* ☐ Master's Thesis** ☐ Course project/assignment**

*Applicants pursuing a Ph.D. must submit a letter of recommendation from the major advisor or committee chair.
**Only FCPS employees may conduct Master's and course project research.

Provide the university/college name and the department supporting the dissertation, thesis, or coursework/assignment.

University/College Name:

Department:

Provide the major advisor's name, email address, and telephone number. (For applicants pursuing Ph.D. only.)

Advisor Name:

Email address:

Telephone:

If the advisor has any relation to FCPS, please describe below.

If your research is not being conducted to meet an academic requirement, please explain the reason for the request (e.g., national survey, evaluation, or product testing):

Section II – Research Overview and FCPS Sponsorship

    A. Research Overview – Please provide an overview in no more than 200 words explaining what your research seeks to understand and how.

    B. Relevance of Research to FCPS - Describe in no more than 200 words why the research is relevant to the FCPS Strategic Plan and how it would benefit the Division.

    C. Identification of an FCPS Sponsor - All research conducted in the school division requires an FCPS sponsor.

    Have you identified an FCPS sponsor for your research?

    ☐ Yes   ☐ No

    If yes, please provide the sponsor's name, position, and office/department below.

    Sponsor Name:

    Position:

    Office/Department:

    The sponsor must email a completed Sponsor Commitment Form **to** ExternalResearchApproval@fcps.edu.

Section I - Research Details: Please provide each of the required elements (A through K as listed below). Proposals that do not address all applicable elements will not be considered for review.

A. **Research Questions -** Specify the primary research questions in no more than 200 words.

B. **Data Collection and Timelines -** Is this a single-year study (completed during one school year) or one of a series (multi-year study)?

☐ Single-year   ☐ Series (multi-year)

Study Start Date: (month/year)   Study End Date: (month/year)

Please consider the 6 week approval process when determining your anticipated start date.

Describe each study activity planned for the current school year (e.g., surveys, professional development, focus groups), identifying the participant group involved and estimating the total time for each study activity. Provide the specific data collection windows for each study activity. Data collection windows should be no longer than two weeks. For example, if you have a survey and a focus group, list each on a separate row and provide data collection windows for each activity. FCPS reserves the right to have black-out windows (see Research Screening). Include all instruments (e.g., surveys, interviews, focus group protocols, observation checklists) with your application submission. Start dates for data collection activities must be <u>after</u> the anticipated decision dates for your review period.

Data Collection Activities (What will you ask participants to do?)	Participant Group	Time for Each Participant to Take Part in this Activity	Planned Data Collection Window (Please provide two-week windows.)		Are the dates flexible?	
			Start Date (mm/dd/yy)	End Date (mm/dd/yy)	Yes	No

C. **Participant Selection -** Identify the potential participant groups, the number of participants from each group, and characteristics of the participants you expect to recruit in the study.

Participant Group	Number	Characteristics (What type of participants do you want?)
Teachers		
Students		
Parents		
School Administrators		
Central Office Administrators		
Other:		

D. **School Selection (if applicable) -** If you plan to collect data at schools, please identify the grade levels, number, and critical characteristics of the schools of interest.

School Level	Grade Levels	Number of Schools	Critical Characteristics (e.g., demographics)
Elementary			
Middle			
High			
Other:			

Have you identified specific schools at which you would like to collect data?

☐ Yes   ☐ No

If yes, please name them:

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Please note that specific schools must be identified before a study receives DRSC approval. The researcher may be able to shorten the review period by working with the FCPS sponsor to identify schools prior to submitting this application. Identifying specific schools to potentially participate in the study does not mean the researcher can or should recruit schools for participation during the application process. Recruitment for participation cannot occur until the research application has been approved.

E. **Recruitment and Informed Consent -** Data collection from students, staff, parents, or other adults requires written consent. Please include copies of the consent/assent forms as part of this application along with any communication materials used to inform or recruit participants regarding the study. The **Research Application FAQs** contains additional details.

Participant Group	Recruitment Method	Do you have a written Consent Form?			Rationale for Lack of Written Consent (If applicable)
		Yes	**No**	**N/A**	
Teachers					
Students (Assent form)					
Parents					
School Administrators					
Central Office Administrators					
Other:					

F. FCPS Required Assistance - Describe what specific assistance would be required from FCPS to facilitate your project. Consider whether you will need assistance with identifying and recruiting participants, communicating with participants, administering surveys or other assessments, or other study activities. Estimate the total amount of time it will take each group of staff members to assist with each study activity.

Staff Member	Type of Required Assistance				Estimated Time for Each Employee Group
	Identification and Recruitment of Participants	Communication with Participants	Assessment Administration	Other (describe)	
Teachers					
Other School Staff					
Central Office Staff					
Other:					

G. Costs - What, if any, resources is FCPS asked to provide that may involve costs to the Division (e.g., substitute teacher cost, facilities costs)?

H. Facilities and Equipment - Please provide a description of the FCPS facilities (e.g., use of classrooms after hours, technology) required for your study.

Does this research require FCPS to download external software onto school-owned technology (e.g., computers, laptops, or server)?

☐ Yes   ☐ No

Does this research request require use of an online survey tool?

☐ Yes   ☐ No

If yes, please specify:

I. **Analysis of Data -** Briefly describe methods to be used in analyzing data for each research question.

J. **Reporting the Results -** Describe **how and when** the results of this study will be reported beyond FCPS and how you will disseminate the report (e.g., journal, conference, report to funding agency).

Anticipated Report Date: (month/year)

Describe **how and when** results of the study will be reported to FCPS.

Anticipated Report Date: (month/year)

K. **Privacy Protection -** Describe how the study's activities including data collection ensure the protection of participants' privacy and legal rights. Specify how the anonymity of individual participants, schools, and the school system will be preserved in reporting.

Section II – Non-Public Data Request

A. **Non-public data -** Are you requesting data which cannot be obtained from public data sources?

☐ Yes   ☐ No

If no, please proceed to **Part III – Required Documents Review and Signature**.

If yes,
- All provision of non-public data from FCPS will be handled through the Division Research Screening Committee.
- Additional fees may apply to requests for non-public data. The fee covers staff time for review and de-identification of data and for creating requested datasets.
- Approval of an application does not automatically provide access to data. Researchers must sign separate Data Agreements to access FCPS data.
- Any identifiable student or employee-level data that you plan to request must be stated explicitly in your consent form(s), especially in the case of sensitive data such as disability status and free/reduced-price lunch status.
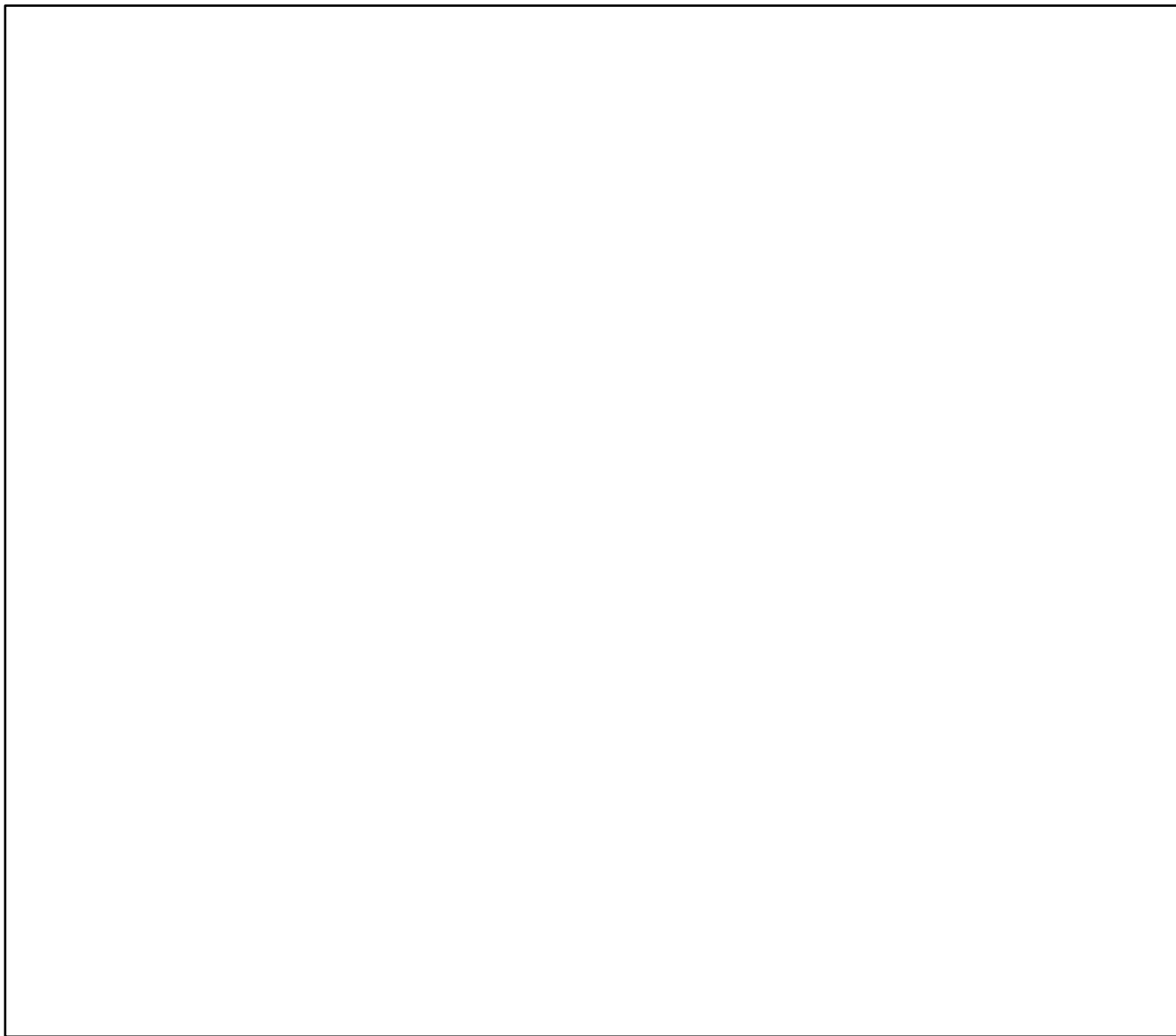
B. **Data types -** What type of data are you requesting?

Participants	Individual Level or Aggregate Level?	Identified or De-identified?	Rationale for Identified Data (if applicable)
Teachers			
Students			
Parents			
School Administrators			
Central Office Administrators			

C. **Data Elements -** What data elements are you requesting?

☐ Attendance   ☐ Demographics (e.g., ethnicity, gender, disability status)   ☐ Grades

☐ Tests/Assessments   ☐ Other (describe):

D. Detailed description – Please provide a detailed description of the data you are requesting. Be as specific as possible in your description so we can estimate the cost of data provision. For example, "For SY 2017-18, provide de-identified student-level data that includes ethnicity, gender, disability status, and Algebra II SOL scores."

Part III – Required Documents Review and Signature

Required Documents – The table below indicates which documents are required depending on the nature of the study.

Supporting Document	Dissertation	Studies involving new data collection activities	Studies involving requests for non-public data only
Sponsorship Commitment Form	Yes	Yes	Yes
All research instruments (along with copyright releases as necessary)	Yes	Yes	
Approval form or letter from the lead research applicant's university's Institutional Review Board	Yes	Yes	Yes
All required consent and/or assent forms for students, parents, teachers, etc.	Yes	Yes	Yes (if identifiable information)
All participant recruitment or communication documents	Yes	Yes	
Resume or Curriculum Vitae (C.V.) for the research applicant	Yes	Yes	Yes
Resume or C.V. for major advisor	Yes		
Letter of recommendation from major advisor or committee chair	Yes		

Please review the required documents table prior to submitting your research application. **Applications missing required documents are considered incomplete and will not proceed into the committee's review cycle.** For more information on the review submissions deadlines and review windows, visit the [Research Screening](#) website.

Signature

I understand that review of this request for approval of a research proposal in no way obligates Fairfax County Public Schools to participate in this research. I also understand that approval does not constitute commitment of resources or endorsement of the study or its findings by the school division or by the School Board.

Lead Researcher: Date:

Important: Please follow the Application Submission Checklist on the next page before submitting your application.

Application Submission Checklist:

☐   Application is complete, signed, and dated.

☐   Required supplementary documents are attached (see required documents table in Part III of the application).

☐   Submit your application along with the supplementary documents via:

> Email to ExternalResearchApproval@fcps.edu or;
>
> Fax to (571) 423-1437 or;
>
> Mailed to the address below:
>
> Fairfax County Public Schools
> Office of Research and Strategic Improvement
> Attn: Research Screening Chair
> 8115 Gatehouse Road, Suite 2100
> Falls Church, VA 22042

☐   Remit the application processing fee of $25 electronically via **MySchoolBucks**. This fee is nonrefundable. You will receive an email confirming receipt of the fee.

> If you have identified a sponsor, ensure that your sponsor submits the required **Sponsor Commitment Form** directly to ExternalResearchApproval@fcps.edu.
>
> **Note:** Once your fee, application packet with all required supplementary materials, and sponsor commitment form are all received, you will receive an email confirming that your application packet is complete and will proceed to review during the next upcoming review window.