PROCEDURES FOR MAKING AN APPLICATION FOR RESEARCH IN THE LABORATORY SCHOOLS ILLINOIS STATE UNIVERSITY

1. Researcher receives a *Laboratory School Research Project Application* from Metcalf, University High School, or the College of Education Research Office and the *IRB Use of Human Subjects* form from the Institutional Review Board Office.

2. Researcher completes and returns the Laboratory School Research Project Application to the building Principal of Metcalf or University High School. Pending approval from the IRB, all projects are approved on a one year basis.

3. The Building Research Committee reviews the research application to determine whether or not the researcher(s) should be granted access to Laboratory School populations, works with the researcher on revisions, if necessary, and makes recommendations for scheduling the research.

4. Researcher then returns the completed IRB form to the IRB office.

5. The University IRB makes the final approval of human subject research.

6. The University IRB contacts the researcher and the appropriate building Principal regarding its decision.

7. Research may begin after final notification by the building Principal or designee if IRB approves.

8. The Building Research Committee forwards the application and the abstract to the Laboratory School Director's Office and the College Research Office.

9. Researcher must submit final report to the building Principal and schedule a meeting to decide the best method for sharing the results of the research with Laboratory School faculty.

LABORATORY SCHOOL RESEARCH PROJECT APPLICATION

PROJECT IDENTIFICATION

Title of Project: _____

_____

_____

Please attach a copy of your research proposal

Principal Investigators:

_____

Name Dept. Phone

_____

Name Dept. Phone

Sponsor's approval, if appropriate: _____
(All graduate students need a sponsor's signature.) Signature

TIME PROJECTIONS

Anticipated date of project implementation: _____

Anticipated completion date: _____

LABORATORY SCHOOL PERSONNEL INVOLVEMENT

Number and grade level of pupils: _____

Unique characteristics of requested subjects: _____

_____

Will the subjects be studied as individuals or in groups? _____

Time needed per session: _____ Number of sessions: _____ Total minutes: _____

Will you request access to any data in the student files? Yes _____ No _____

If "Yes," please list the specific information needed: _____

_____

Will persons other than pupils be used? Yes _____ No _____

If "Yes," please indicate who and how. Please explain: _____

_____

LABORATORY SCHOOL FACILITIES INVOLVEMENT

Building(s) and Rooms(s): _____

Equipment: _____

_____

Materials: _____

_____

(Equipment and materials are the responsibility of the researchers.)

Conditions of Approval

As a condition of approval to conduct research, researchers are required to provide information which can benefit educational practice in the Laboratory Schools. Therefore, the researcher agrees to provide one of the following: (1) A briefing to the teachers and staff on the results of the research; (2) A workshop or seminar related to the research results that could help improve instruction; and (3) A final report. The researcher will consult with the principal at the conclusion of the research to determine the feedback format most preferred by the school faculty.

I agree to acknowledge the Laboratory Schools (Metcalf or University High School) as the site of this research in publications and/or presentations and provide a copy of published or presented material to the building principals.

I understand that my proposed timeline and proposal may need to be altered to coordinate with the needs of the lab school students.

I agree to keep strictly confidential all laboratory school student records to which I may have access. I further stipulate that any report of my results will be written so that the individual student data are not identifiable.

I acknowledge that failure to comply with these guidelines may result in the loss of research privileges in the Laboratory Schools.

_____ Date _____

Signature of Principal Investigator

_____ Date _____

Signature of Co-Investigator

Return three completed copies of this application to:

Principal Metcalf Laboratory School Illinois State University Campus Box 7000 Normal, IL 61790-7000	OR	Principal University High School Illinois State University Campus Box 7100 Normal, IL 61790-7100

____ Approved
____ Disapproved

_____
Signature of Lab School Building Research Committee Representative — Date

____ Approved
____ Disapproved

_____
Signature of Building Principal — Date

Note: Approval to conduct research in the Laboratory Schools is contingent upon University IRB approval.

Comments by School Research Committee, if appropriate: