

For DGA Use Only
Application #:

APPLICATION FOR PROPOSED RESEARCH PROJECTS

General Guidance

The Hawaii State Department of Education (the “Department”) has developed a process whereby external requestors of confidential data may ask for access to extant data to conduct research projects or evaluations germane to public education. Entities seeking access to confidential or personally identifiable Department data must first meet the overarching requirements of: 1) conducting research and or evaluation, and 2) the project must have legitimate educational interest.

Request Process

Before completing this research application, please visit our public website (<http://bit.ly/HIDOEdata-research>) to review the overview of the research process, access publicly available data, and to view the schedule for upcoming Review Committee meetings and corresponding submission deadlines.

All individuals or organizations requesting access to such data must complete this application and submit it to the Department’s Data Governance & Analysis Branch (“DGA”) for review. Please complete each section of the application fully. Completed requests will be reviewed in the order they are received.

Review Committee

The Department’s Research Review Committee meets quarterly and is responsible for reviewing research proposals. All submissions must be received prior to the deadline. Submissions received after the deadline will be reviewed in the next cycle.

If the project is approved and data requested is available, a Researcher Access Agreement will be developed and must be signed prior to the release of any potentially identifiable data.

In the event a request is rejected, specific reasons shall be given and, if appropriate, may include information concerning possible remediation.

Instructions

- Download this PDF application to your computer
- Fill out and collect any necessary signatures
- Attach any other relevant documentation and email completed package to DOEresearch@k12.hi.us
- **Note:** Requests may be rejected if information on this application is incomplete

GENERAL INFORMATION

1. Is this proposal:

- New
- Amended

2. Name of the Study Lead/Principal Investigator: _____

3. Email Address: _____

4. Phone Number: _____

5. Academic, Agency, or Institutional Affiliation

a. Organization/Agency/Institution Name: _____

b. Mailing Address: _____

c. Telephone Number: _____

6. Are you conducting this study for the purpose of fulfilling an academic course or for degree requirements (e.g., dissertation, thesis, or other student research)?

- Yes
- No

7. For student submitted applications:

a. Name and Title of Faculty Advisor: _____

STUDY INFORMATION

1. Title of the Research Project: _____

2. Have you applied for Institutional Review Board approval/exemption for your proposed project?

- Yes, approval/exemption received (*Attach a copy of your IRB's approval or exemption of your proposed project*)
- Yes, approval/exemption pending (*Send a copy of the IRB approval/exemption when it is received*)
- No (*Explain on what basis you claim exemption from IRB review*)

3. If your research involves any third parties (including contractors, service providers, funders, and/or external evaluators), please list them below with a description of their role on this project:

4. Desired Start Date: ___/___/___

5. Desired End Date: ___/___/___

6. Problem Statement & Review of Literature

- a. Please discuss the particular educational problem, gap, or inquiry being addressed by the study and any relevant, timely literature important to the proposed study.

7. Research Objective(s) & Research Question(s)

- a. Please describe the objective(s) and research question(s) of this study. *(If this research project involves an evaluation of a program/service, please be sure to distinguish between purposes and objectives related to the program/service and purpose and objectives related to its evaluation.)*

8. Anticipated Value to the Department

- a. Please describe how the project aligns with the Department’s priorities and the project’s potential benefit to the Department. *(Please go to hawaiipublicschools.org for more information on the Department’s Strategic Plan.)*

9. Study Population

- a. Please describe your target population, including the estimated number of participants, role, school(s), grade level(s), etc., if applicable.

10. Participant Recruitment

- a. If you are recruiting participants, please describe how you plan to recruit participants into the study. *(Copies of all recruitment materials should be included in the application package).*

11. Consent

- a. Please provide a description of informed consent or assent procedures, if applicable, including how you will distribute and collect materials. *(Copies of all consent and/or assent forms should be included in the application package).*

12. Research Methods & Activities

- a. Please describe the design of the proposed study and the methodology that will be used to address each of the aforementioned research questions. Use enough detail when describing activities to ensure that the Review Committee can assess the extent to which your proposed research project will meet the objective(s) you have provided.

13. Data Collection Tools

- a. If you intend to use data collection instruments or protocols as part of your research or evaluation project, please describe them below and include the estimated time each activity will take to complete. *(Copies of all instruments, such as surveys, assessments, interview questions, etc., must be included in the application package).*

14. Study Timeline

- a. Please describe the timeframes for key study activities discussed in aforementioned research methods including planning, data collection, data analysis, and dissemination.

15. Non-Public Department Data

- a. Describe any non-public Department data you will require for your project. Include a detailed description of the data elements, and how this data will support your study's objectives.

16. Does your project require the use of instructional time and/or Department resources?

- Yes (If Yes, please provide justification for the use of instructional time/Department resources below)

- No

17. Analysis

- a. Please describe how you plan to organize, analyze, and interpret your data.

18. Security & Privacy

- a. Please describe the security procedures that you will use to protect the privacy of the information provided by the Department for this study. (I.e, How will the information be stored? How and when will the data be destroyed?)

19. Study Staff

- a. Please provide the names, titles and contact information of investigators, research assistants, and others who will participate in the proposed study and/or have access to the data.

20. Dissemination Plan

- a. Please provide the dissemination plan for study results. Include information regarding how study findings will be shared with stakeholders including study participants and the Department's staff.

STATEMENT OF ASSURANCES

The following are required for research studies involving the Department's data and/or access to Department-related populations. Please initial next to each item to indicate that you have read and understand the requirements.

- A. The Principal Investigator(s) and research team agree to furnish the Department a copy of the findings, conclusions, final report, and/or journal articles prior to publication or dissemination for review and comment. (Note: This does not imply you need the Department's permission to publish your results, only that you must first furnish the Department a copy for purposes of review, comment and documentation.) _____

- B. The Principal Investigator(s) and research team agree to abide by all appropriate State laws and Federal regulations regarding confidentiality and safeguarding of any data or records they access, review, obtain, or maintain in the course of conducting this research. No identifying information about any of the research participants or programs is to be divulged or referenced in any published materials, presentations, or other public forums. _____

- C. Because it is strictly prohibited, the Principal Investigator(s) and research team agree not to share or transfer the data collected or analyzed with anyone unaffiliated with the approved project. _____

- D. At the end of the research term, the Principal Investigator(s) must ensure that all data has been destroyed properly and turn in a Data Destruction Assurance form to the Department within 30 days after end date. _____

REQUIRED SIGNATURES

Principal Investigator: _____

Signature: _____

Date: _____

Co-Principal Investigator: _____

Signature: _____

Date: _____

Faculty Advisor (for student protocols only): _____

Signature: _____

Date: _____

Email your completed application and any supporting materials to DOEresearch@k12.hi.us.

- Research Application (in PDF format)
- Data Request Form
- Documentation of institutional review board (IRB) approval/exemption
- Copies of assent/consent forms (*if applicable*)
- Copies of all research instruments/documents (surveys, curricular materials, interview questions, etc.) (*if applicable*)

Applications will not be considered complete unless all required documents are received. DGA will connect with you upon receipt of your application.