Melissa T. Williams, PhD, Superintendent
Katy S. Campbell, Esq., Board Member
Elnora Smith-Love, Board Member
Mary H. Hooks, Board Member
Sgt. Major Clinton C. Boyd, Board Member
Sawanda Wilson, Board Member

RESEARCH REQUEST APPLICATION

Research Conducted in Macon County Schools

Thank you for your interest in conducting research within Macon County Schools. The district recognizes the value of research that contributes to educational improvement, supports student success, and informs effective practices and policies.

To ensure that research conducted within our schools is appropriate, ethical, and aligned with the district's mission and priorities, all researchers must submit this application and the required supporting documentation for review and approval **before beginning any research activities** involving Macon County Schools, its schools, employees, students, families, or district data.

Submission of an application does not constitute approval to conduct research.

I. RESEARCHER INFORMATION

Name of Principal Researcher:

Title/Position:

Institution/Organization:

Department/Program:

Mailing Address:

Email Address:

Telephone Number:

Faculty/Research Advisor, if applicable:

Advisor Email/Telephone:

II. RESEARCH STUDY INFORMATION

Title of Research Study:

Research Area(s) of Focus:

- ☐ Teaching and Learning
- ☐ Student Achievement
- ☐ College and Career Readiness
- ☐ Special Education
- ☐ Student Services
- ☐ School Climate/Culture
- ☐ Attendance
- ☐ Discipline
- ☐ Leadership/Administration
- ☐ Career and Technical Education
- ☐ Early Childhood Education
- ☐ Technology
- ☐ Equity and Access
- ☐ Family/Community Engagement
- ☐ Other: _____

Briefly describe the purpose and significance of the research study.

Research Questions/Objectives:

1.
2.
3.
4.

III. RESEARCH METHODOLOGY

Please provide a clear description of the proposed methodology. Include the research design, procedures, instruments, data collection methods, and anticipated timeline.

Research Design/Methodology:

Data Collection Procedures:

Research Instruments/Surveys/Interview Protocols:

Anticipated Research Timeline:

Proposed Start Date: _____

Proposed End Date: _____

IV. PARTICIPANTS

Will the study involve Macon County Schools students?
☐ Yes ☐ No

Will the study involve Macon County Schools employees?
☐ Yes ☐ No

Will the study involve parents/guardians or community members?
☐ Yes ☐ No

Estimated number of participants:

Grade level(s)/school(s) involved:

How will participants be selected or recruited?

Will participation be voluntary?
☐ Yes ☐ No

Will participants or their parents/guardians be required to provide consent?
☒ Yes ☐ No

If yes, please describe the consent/assent process:

V. DISTRICT DATA REQUEST

Will the research require access to district or school-level data?

☒ Yes ☐ No

If yes, please identify the specific data requested:

Will personally identifiable information be requested or accessed?

☒ Yes ☐ No

If yes, please explain:

Will student education records or other confidential information be used?

☒ Yes ☐ No

If yes, describe the information requested and how it will be protected:

Researchers may only access data that are specifically approved by Macon County Schools. Access to student records and personally identifiable information will be subject to applicable federal and state laws, district policies, and any required agreements.

VI. PRIVACY AND CONFIDENTIALITY

Please describe the procedures that will be used to protect the privacy and confidentiality of participants and district information.

How will research data be stored and secured?

Who will have access to the research data?

How long will research data be retained?

How will data be destroyed or disposed of at the conclusion of the study?

VII. INSTITUTIONAL REVIEW BOARD (IRB)

Name of Institution/Organization with IRB Oversight:

IRB Status:

☐ Approved
☐ Pending Review
☐ Exempt
☐ Not Applicable

IRB Approval/Determination Number, if available:

Date of IRB Approval/Determination:

Expiration Date, if applicable:

A copy of the IRB application and/or IRB approval or determination must be submitted with this application.

VIII. REQUIRED SUPPORTING DOCUMENTATION

Please submit the following with the completed application:

- ☐ **Research Proposal**
- ☐ **Copy of IRB Application**
- ☐ **IRB Approval/Determination Letter, if available**
- ☐ **Research Instruments, Surveys, or Questionnaires**
- ☐ **Interview/Focus Group Protocols, if applicable**
- ☐ **Participant Consent/Assent Forms, if applicable**
- ☐ **Parent/Guardian Consent Forms, if applicable**
- ☐ **Data Collection Protocol**
- ☐ **Data Security/Confidentiality Plan**
- ☐ **Other supporting documentation:** _____

IX. POTENTIAL IMPACT ON MACON COUNTY SCHOOLS

Please describe how the proposed research may benefit Macon County Schools, its scholars, employees, families, or the broader educational community.

Please identify any anticipated disruption to instructional time, school operations, or staff responsibilities.

Describe how the researcher will minimize disruption to the educational environment:

X. RESEARCHER AGREEMENT

By submitting this application, I acknowledge and agree to the following:

1. I understand that submission of this application does not constitute approval to conduct research in Macon County Schools.
2. I will not begin recruitment, data collection, interviews, observations, surveys, or other research activities within Macon County Schools until written approval has been provided by the district.
3. I will conduct the research in accordance with the approved research proposal, IRB requirements, applicable laws and regulations, and Macon County Schools policies and procedures.
4. I will protect the privacy and confidentiality of all participants and district information.
5. I will not collect or access information beyond what has been approved by Macon County Schools.
6. I will promptly notify the district of any substantive changes to the approved research protocol, methodology, participants, instruments, or data requested.
7. I understand that Macon County Schools may suspend or withdraw permission to conduct the research if the researcher fails to comply with district requirements or if the research interferes with the educational operations of the district.
8. I agree to provide the district with a copy of the completed research report, publication, presentation, or other final product resulting from research conducted within Macon County Schools, upon request.
9. I understand that district approval does not constitute endorsement of the research findings, conclusions, or recommendations.

Researcher Name:

Researcher Signature:

Date: _____

DISTRICT REVIEW AND APPROVAL

For Macon County Schools Use Only

Date Application Received: _____

Research Proposal Received:
☐ Yes ☐ No

IRB Documentation Received:
☐ Yes ☐ No

Additional Information Requested:
☐ Yes ☐ No

Research Request Decision:

☐ Approved
☐ Approved with Conditions
☐ Additional Information Required
☐ Not Approved

Conditions/Comments:

_____

_____

_____

District Administrator/Designee:

Name: _____

Title: _____

Signature: _____

Date: _____

_____

Submission Instructions

Completed applications and all required supporting documentation should be submitted to:

Office of Human Resources and Professional Learning
Macon County Schools
Tuskegee, Alabama

Email: williamsn@maconk12.org

Subject Line: Research Request – [Researcher's Name/Study Title]

Researchers should submit **both the research proposal and a copy of the IRB application** for review. The district may request additional information or documentation before making a final determination.

Questions regarding the research approval process may be directed to the Office of Human Resources and Professional Learning.