

RESEARCH AGREEMENT

GUIDELINES:

1. Research including campus level personnel, especially involving principals, teachers and students, may not be conducted during the **first 20 school days or the last 20 school days of the school year**.
2. Research involving students and personnel of the District **must** maintain the dignity, well-being, and confidentiality of the individual(s), including the rights guaranteed legally and constitutionally and abiding by **District policies EF (LEGAL & LOCAL), FL (LEGAL & LOCAL) and GBA (LEGAL)**.
3. The research **shall not** unduly interfere with the classroom instructional process or the regular operations of the school or District.
4. Personal, social, and psychological research of any nature must not be in conflict with the rights of individuals or groups.
5. If data will be collected on or from individual students, written permission from the parent/guardian of every student shall be required prior to the implementation of the project.
6. **Approved** research shall be conducted in accordance with **Policies, Rules, and Regulations and Administrative Procedures** of the District. The researcher shall cooperate with the staff member(s) designated by the District to coordinate the research. **It is the researcher's responsibility to become familiar with the District's operating policies.**
7. Approval of a request to conduct research is not an endorsement and does not compel any personnel of the District to participate in research studies.
8. An approved research study may be **terminated** at any time by the Superintendent.
9. The District shall not incur any costs associated with the proposed research project

***If approve, the requestor shall submit a copy of this Research Agreement and the Research Study Request to the principal or department administrator when requesting participation.**

If my request to conduct research as presented in my Research Study Request is granted, I agree to abide by the Research Guidelines for Edgewood ISD as stated. I understand that I am requesting assistance in a research project and I am not requesting information pursuant to the Texas Open Records Act.

Signature of Requestor ➔ _____

Date: _____

FOR OFFICE USE ONLY - DISTRICT RESEARCH REVIEW COMMITTEE RECOMMENDATION:

Date of Review: _____

Approved: _____

Not Approved: _____

Signature of Deputy Superintendent

Date