

<p>STRAIT REGIONAL SCHOOL BOARD <i>Excellence in Lifelong Learning</i></p> <p>PROCEDURES</p>	<p>The School Community PRO VI-D-2</p>
	<p>Partnerships External Research Projects</p>
	<p>Adopted: October 4, 2006 Revised: Page: 1 of 6</p>

External Research Projects

Procedures

Approval Process:

1. Programs and Student Services will receive inquiries and proposals for external research projects. Personnel will ensure that all researchers provide complete information, including the Application for Approval of Research Projects, Appendix A.
2. Programs and Student Services will review each proposal, contacting the researcher(s), if necessary, for further clarification on their proposals.
3. If the research has implications for a Department or Departments of the Board, e.g., the research requires the participation of a number of schools, if it deals with potentially sensitive issues or it has significant time or resource requirements, Programs and Student Services staff will bring the proposal to the attention of the appropriate person(s) within the Department(s) for further discussion. Preliminary contacts with the school(s) will be made at this point as well.
4. Once the review is complete, a letter from Programs and Student Services staff will be sent to the proposal author(s) to inform them about the decision that has been made and about the parameters within which the research must be conducted.
5. Once approval has been given, Programs and Student Services staff will contact the school(s) involved to inform them that the research has been approved and forward copies of the Application for Approval of Research Projects Form, Appendix A to the appropriate people.
6. Programs and Student Services staff will monitor ongoing research to ensure that researchers are adhering to the parameters set forth.
7. All inquiries and research applications for the Strait Regional School Board may be directed to: Programs and Student Services, 16 Cemetery Road, Port Hastings, NS B9A 1K6; 625-7083 (t); 625-2281 (f).

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	<p>Adopted: October 4, 2006 Revised: Page: 3 of 6</p>

Appendix A
Strait Regional School Board
Application For Approval of Research Projects

Please provide the following information for your research project.

Name(s):	Date:
Organization/Department:	
Contact Information:	Address:
	Telephone: Fax:
Project Name:	
Goal or Purpose of Project:	
Brief Description of Project and Methodology: (point form acceptable) (Attach additional pages if more room needed.)	

STRAIT REGIONAL SCHOOL BOARD

Excellence in Lifelong Learning

PROCEDURES

**Partnerships
External Research Projects**

Adopted: October 4, 2006

Revised:

Page: 4 of 6

Duration of Project:	Start Date:	End Date:
Requirements of school board personnel (include time commitments) e.g. Teachers, principals, etc. :		
Required Board Equipment:		
Additional Resources Required (e.g.-facilities, non-regular school openings, etc. :		
Expected Outcomes of Project (deliverables):		
Final Project Report Distribution:		

Signature: _____ Date: _____

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	<p>Partnerships External Research Projects</p>
	<p>Adopted: October 4, 2006 Revised: Page: 5 of 6</p>

Appendix B
Research Request - Letter to Parents

1. A letter of information to the parents must be on the letterhead of the agency or Institution conducting the research and must contain the following information:

- a. A clear description of the research project, its purpose(s) and how it is to be carried out;
- b. An accurate description of the involvement expected from each participant;
- c. The name of the researcher;
- d. The institutional affiliation; and
- e. The title of the research project.

2. The following statements must appear in the letter.

- a. The Director of Programs and Student Services of the Strait Regional School Board has given permission for this project to be carried at your child's school.
- b. All information collected will be strictly confidential and the students will not be identified individually.
- c. Your son or daughter's participation is completely voluntary.
- d. The information is collected under the authority of Board policies and the Freedom of Information and Protection of Privacy (FOIPOP) Act.
- e. The contact person for inquiries concerning this information is the Director of Programs and Student Services at 625-2191 or 1-800-650-4448.
- f. Should you have any questions or concerns regarding this research project, please contact:

Name of Researcher: _____

Institutional Affiliation: _____ Telephone Number: _____

Signature of Researcher

Signature of School Principal

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	<p>Adopted: October 4, 2006 Revised: Page: 6 of 6</p>

APPENDIX B (CONTINUED)

Please complete the following permission section of this letter and have your son or daughter return it to his/her classroom teacher.

AUTHORIZATION AND RELEASE

I hereby give permission for my son/daughter to participate in the research project as described in the above letter.

I am the parent/guardian of _____ who is in grade _____ at _____
_____ (school) and I consent to this authorization and release.

Age of Child: _____

Parent/guardian signature: _____

Telephone: _____

Date: _____

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