

**RESEARCH COURSEWORK FORM**

Hawaii State Department of Education (HIDOE)

Please submit an electronic copy of a signed and completed form to [DOEresearch@k12.hi.us](mailto:DOEresearch@k12.hi.us). Research activities may begin only after the HIDOE Data Governance & Analysis Branch (DGA) has emailed a countersigned form to the Student Researcher.

**Section I: Course and Instructor Information**

Course Instructor's Name: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Term: \_\_\_\_\_

Course Reference Number (CRN)/Course Code and Section: \_\_\_\_\_

Term Start Date (mm/dd/yy): \_\_\_\_\_ Term End Date: (mm/dd/yy): \_\_\_\_\_

Institution: \_\_\_\_\_ Department/Program: \_\_\_\_\_

Location (City, State): \_\_\_\_\_

**Section II: Student Researcher Information**

“Student Researchers” are those students enrolled in the course identified in Section I who will be conducting research activities for the identified course that involve HIDOE students, personnel, data, or facilities (their “Research Activities”).

Student Researcher LAST NAME	Student Researcher FIRST NAME	Affected HIDOE School(s)/Office(s)	Contractual teacher conducting research in their classroom?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check this box if a list of additional Student Researchers is attached.

### **Section III: Research Activities**

In the area below, please summarize your research focus and plan (purpose, objectives, activities, analysis, etc.)

### **Section IV: Conditions**

1. Student Researchers' Research Activities (including action research and using extant HIDEOE data) will:
  - a. Be conducted in established or commonly accepted educational settings.
  - b. Involve normal educational practices, such as instructional strategies, or focus on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
  - c. Not be conducted in special education classrooms and not focus specifically on special education students or special education instructional strategies.

**Note:** Due to the sensitivity of special education research, full review is required. To request approval of such research, submit a research application at HIDEOE Research & Data Requests website.

- d. Not disrupt:
  - The normal day-to-day operations of HIDEOE schools and offices.
  - Instructional time and the regular educational experience of HIDEOE students.
  - The assigned duties and workload of HIDEOE teachers and staff.

2. All HIDOE data collected or received as a part of the Student Researchers' Research Activities ("HIDOE Data"), as well as research findings and results, will be considered strictly confidential.
3. Student Researchers will:
  - a. Keep all personally identifiable HIDOE Data private and not share it with anyone, including the Course Instructor.
  - b. Limit the distribution of aggregate or de-identified HIDOE Data, research findings, and results to the following:
    - Only in the context of the course and, if applicable, section identified in Section I.
    - Only with the individuals enrolled in the course/section identified in Section I and the Course Instructor. No other individuals will receive copies of this information or will be present when Student Researchers share this information.
  - c. Not publish, make publicly available, or re-purpose the HIDOE Data, research findings, or results in any form in the present or future.
  - d. Securely maintain all completed consent forms and make them available for review, by request, to the administrators of all affected HIDOE schools/offices and DGA.
  - e. Destroy all HIDOE Data (including personally identifiable, aggregate, and de-identified data and copies) and completed consent forms within 10 business days of the term end date identified in Section I.
4. Prior to commencing their Research Activities:
  - a. All Student Researchers will obtain written consent\* from the affected HIDOE personnel.
  - b. Student Researchers who are not contractual HIDOE teachers will obtain written consent\* from:
    - The parents/guardians of all affected minor students.
    - All affected eligible students (those 18 years and older).
  - c. Student Researchers who are contractual HIDOE teachers will obtain written consent\* from the parents/guardians of all affected minor students and from all affected eligible students when:
    - Their Research Activities will involve their own classes and
    - The pool of affected students is 9 or less (making it likely students will be identifiable). -OR-
    - Their Research Activities will involve other teachers' classes.
  - d. Student Researchers who are contractual HIDOE teachers will, *in consultation with their principal*, **notify** the parents/guardians of their students and their eligible students about their Research Activities when:
    - Their Research Activities will involve their own classes and
    - The pool of affected students is 10 or more.

**Note:** In this case, parent/guardian and eligible student consent is not required.

5. Student Researchers who fail to adhere to any of the conditions stated above will immediately:
  - a. Have their Research Activities terminated.
  - b. Destroy all HIDEOE Data (including personally identifiable, aggregate, and de-identified data).

\*For Items 4b, 4c, and 4d, the required written consents must be obtained using forms that meet the expectations outlined in the consent form checklists.

### **Section V: Student Researcher Affirmation and Signature**

I affirm that:

- I, the above-named Student Research, have reviewed and agree to comply with all of the conditions stated in Section IV, and affirm that, to the best of my knowledge, information and belief, the research project proposed in this form is educationally worthwhile and of sound technical design.

Student Researcher's Name: \_\_\_\_\_

Student Researcher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Section VI: Course Instructor's Affirmation and Signature**

I affirm that:

- I have reviewed the proposed research project named above that my student has applied to conduct in HIDEOE and affirm that I consider it to be educationally worthwhile and of sound technical design.
- I will supervise the Student Researchers as they conduct their research activities and will ensure that the Student Researcher(s) comply with the conditions stated in Section IV.

Course Instructor's Name: \_\_\_\_\_

Course Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section VII: HIDOE Administrator’s Affirmation and Signature**

I affirm that:

- I have reviewed the research activities as stated above in Section III, and give my consent for these research activities to be implemented at the HIDOE school/office listed below.

*Note: Participation in the research activities by HIDOE students, parents, and personnel is on a strictly voluntary basis and is not guaranteed by the consent of the HIDOE school/office administrator.*

HIDOE School/Office: \_\_\_\_\_

Administrator’s Name: \_\_\_\_\_ Title: \_\_\_\_\_

Administrator’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**THIS SECTION TO BE COMPLETED BY THE HIDOE DATA GOVERNANCE & ANALYSIS BRANCH**

Date Received: \_\_\_\_\_ Verified By: \_\_\_\_\_

DGA Signature: \_\_\_\_\_