

Red Clay Consolidated School District - Office of Instruction and Assessment
Approval Form for District Level Data Collection/Research - Data Confidentiality Agreement

The information developed and transmitted pursuant to this request must be kept confidential by the recipient.

Confidentiality means that, the individual may utilize the data only for the purpose in this form but in no event may the individual identify to any entity and in any writing (report, thesis, newsletter, etc.) that the Red Clay Consolidated School District is the source of such data or information.

Utilization of such information beyond the purpose set forth in this completed request form or in a manner that would disclose Red Clay as the source of such information would require the express, written consent of the Superintendent.

All data provided by the Red Clay Consolidated School District shall be purged at the end of the research project.

A completed project/research report should be sent via email to Shawn Snyder at Shawn.Snyder@redclay.k12.de.us

Recipient Agency Information

Name of Agency

Description of Agency

Street Address

City

State

Zip Code

Phone #

Fax #

Name of Primary Recipient

Email of Primary Recipient

Red Clay Employee?

Yes

No

Please complete this section if you are a University Student

University

Department

Degree

Course

Advisor

Advisor Phone #

Advisor E-Mail

Requests must include:

Letter of endorsement from field supervisor

IRB approval letter

Approved research proposal as documentation of data disclosures purpose

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Describe the goal of data collection/research:

Purpose of data collection/research analysis: (check all that apply)

- Analysis of program effectiveness Policy research Analysis of demographic changes on achievement
- Research for new program implementation Evaluation of school improvement activities Title I
- Research on best practice related to curriculum/instruction Research on Return On Investment Identification of instructional practices
- Impact of Federal Accountability Programs (AYP) Success of subgroups of students receiving special services (Special ED, ELL)
- Other describe here

Describe theory/literature review that supports the proposed data collection/research:

Describe project instrumentation or data collection measure:

Summarize the activities and work involved in the project:

Summarize the action plan for implementing the project that includes a schedule or timeline.

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Type of Data Collected: (check all that apply)

Demographic:

- Gender Race/Ethnicity Birth date Other:

Assessment:

- State Test Data Report Cards Promotion/Retention Other:

Program

- IDEA eligibility for Services Full or half-day kindergarten Push in /pull out Title I eligibility
 English Language Learner Status Dual Language Extended School Year Attendance
 Other:

Data Extract Type:

- Longitudinal Cross-sectional

Data Extract Format: (Enter sort order for data. Fields left empty will not be extracted)

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Enter Grade(s)	Sort Order	Enter School Year(s)	Sort Order
<hr style="border: none; border-top: 1px solid black; margin-top: 10px;"/>	<hr style="border: none; border-top: 1px solid black; margin-top: 10px;"/>	<hr style="border: none; border-top: 1px solid black; margin-top: 10px;"/>	<hr style="border: none; border-top: 1px solid black; margin-top: 10px;"/>
Enter School	Sort Order	Enter Teacher	Sort Order
<hr style="border: none; border-top: 1px solid black; margin-top: 10px;"/>	<hr style="border: none; border-top: 1px solid black; margin-top: 10px;"/>	<hr style="border: none; border-top: 1px solid black; margin-top: 10px;"/>	<hr style="border: none; border-top: 1px solid black; margin-top: 10px;"/>
Home Room	Sort Order	Class/Course	Sort Order

Confidentiality - Published Results

How will the confidentiality of the data be protected during the research?

Who will be involved in the data collection?

Confidentiality - Data - Published Results (continued)

What school(s), office, principals, will be involved or impacted and how will they be impacted?

Describe the outcome of the project, including how the data will be published (format)

What is the funding source for the project?

Where will confidential data and published reports be stored?

Permanent **(P)** or Temporary **(T)**

P **T**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Hard Drive Laptop |
| <input type="checkbox"/> | <input type="checkbox"/> | Hard Drive Desktop |
| <input type="checkbox"/> | <input type="checkbox"/> | Server |
| <input type="checkbox"/> | <input type="checkbox"/> | Electronic information transfers (email) |
| <input type="checkbox"/> | <input type="checkbox"/> | Flash Drives |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Media (Cloud) |

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What is the expected date the research project will be published?

When will a copy of the report be sent to the Red Clay Consolidated School District?

How and when will the data be purged after the data collection/research is complete.

Authorization

*For the purpose of this document confidentiality is defined as:
A person's obligation to not disclose or transmit information to unauthorized parties.*

By agreeing to this confidentiality agreement for the collection and/or analysis of data, the undersigned states that he/she will not publish any information that identifies Red Clay Consolidated School District as its data source. All data provided will be held in strict confidence; this includes individual, student or school level data. The undersigned also agrees not to reveal source of said data to any third person. The source of the data may not be revealed in any publication, newsletter, report, doctoral thesis, or in any other manner without prior written permission from the Red Clay Consolidated School district.

All data provided by the Red Clay Consolidated School District shall be purged at the end of the research project.

Please send completed form to
Red Clay Consolidated School District
Office of Assessment and Instruction - Shawn Snyder
Red Clay District Office
1502 Spruce Ave.
Wilmington, DE 19805

Name of Primary Recipient

Signature

Date (MM-DD-YYYY)

For Office use only

Approved

Yes No

Approved by

Date