

**PROCEDURES FOR MAKING AN APPLICATION FOR RESEARCH IN THE  
LABORATORY SCHOOLS  
ILLINOIS STATE UNIVERSITY**

1. Researcher receives a *Laboratory School Research Project Application* form from Metcalf, University High School, or the College of Education Research Office and an *IRB Use of Human Subjects* from the Institutional Review Board Office.
2. Researcher completes and returns the Laboratory School Research Project Application to the building Principal of Metcalf or University High School. Pending approval from the IRB, all projects are approved on a one year basis.
3. The Building Research Committee reviews the research application to determine whether or not the researcher(s) should be granted access to Laboratory School populations, works with the researcher, if necessary, and makes recommendations for scheduling the research.
4. Researcher then returns the completed IRB form to the IRB office.
5. The University IRB makes final approval of human subject research.
6. The University IRB contacts the researcher and the appropriate building Principal regarding its decision.
7. Research may begin after final notification by the building Principal or designee if IRB approves.
8. The Building Research Committee forwards the application and the abstract to the Laboratory School Director's Office and the College Research Office.
9. Researcher must submit final report to the building Principal and schedule a meeting to decide the best method for sharing the results of the research with Laboratory School faculty.

# LABORATORY SCHOOL RESEARCH PROJECT APPLICATION

## PROJECT IDENTIFICATION

Title of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach a copy of your research proposal**

Principal Investigators:

<i>Name</i>	<i>Dept.</i>	<i>Phone</i>
_____	_____	_____

Sponsor's approval, if appropriate: \_\_\_\_\_  
(All graduate students need a sponsor's signature.) Signature

## TIME PROJECTIONS

Anticipated date of project implementation: \_\_\_\_\_  
Anticipated completion date: \_\_\_\_\_

## LABORATORY SCHOOL PERSONNEL INVOLVEMENT

Number and grade level of pupils: \_\_\_\_\_  
Unique characteristics of requested subjects: \_\_\_\_\_

Will the subjects be studied as individuals or in groups? \_\_\_\_\_

Time needed per session: \_\_\_\_\_ Number of sessions: \_\_\_\_\_ Total Minutes: \_\_\_\_\_

Will you request access to any data in the student files? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please list the specific information needed: \_\_\_\_\_  
\_\_\_\_\_

Will person other than pupils be used? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please indicate who and how. Please explain: \_\_\_\_\_  
\_\_\_\_\_

**LABORATORY SCHOOL FACILITIES INVOLVEMENT**

Building(s) and Room(s): \_\_\_\_\_

Equipment: \_\_\_\_\_

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Materials: \_\_\_\_\_

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(Equipment and materials are the responsibility of the researchers.)

**Conditions of Approval**

As a condition of approval to conduct research, researchers are required to provide information which can benefit educational practice in the Laboratory Schools. Therefore, the researcher agrees to provide one of the following: (1) A briefing to teachers and staff on the results of the research; (2) A workshop or seminar related to the research results that could help improve instruction; and (3) A final report. The researcher will consult with the principal at the conclusion of the research to determine the feedback format most preferred by the school faculty.

I agree to acknowledge the Laboratory Schools (Metcalf or University High School) as the site of this research in publication and/or presentations and provide a copy of published or presented material to the building principal.

I understand that my proposed timeline and proposal may need to be altered to coordinate with the needs of the lab school students.

I agree to keep strictly confidential all laboratory school student records to which I may have access. I further stipulate that any report will be written so that individual student data are not identifiable.

I acknowledge that failure to comply with these guidelines may result in the loss of research privileges in the Laboratory Schools.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Co-Investigator

**Return three completed copies of this application to:**

Principal  
Metcalf Laboratory  
Illinois State University  
Campus Box 7000  
Normal, IL 61790-7000

OR

Principal  
University High School  
Illinois State University  
Campus Box 7100  
Normal, IL 61790-7100

\_\_\_\_ Approved

\_\_\_\_ Disapproved

\_\_\_\_\_  
*Signature of Lab School Building Research*

\_\_\_\_\_  
*Date*

\_\_\_\_ *Approved*

\_\_\_\_ *Disapproved*

\_\_\_\_\_  
*Signature of Building Principal*

\_\_\_\_\_  
*Date*

**Note: Approval to conduct research in the Laboratory Schools is contingent upon University IRB approval.**

Comments by School Research Committee, if appropriate: