APPLICATION FOR RESEARCH REVIEW
LOWELL PUBLIC SCHOOLS DISTRICT INSTRUCTIONAL REVIEW BOARD

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LOCATION OF EMPLOYMENT	**University of Vermont** **Burlington, VT 05405**
APPROVAL FROM IRB (ORGANIZATION OR EDUCATIONAL INSTITUTION) *Please list name and attach approval letter*	**Please see attached.**
RESEARCH INFORMATION	
1. Description of Study:	**The purpose of this study is to better understand the risks factors that contribute to burnout of special education teachers and, how a teacher's feelings of burnout may impact their ability to deliver effective behavior interventions to students with disabilities.**
2. Participants in the project:	
a. Unit of Study: (Teachers, students, etc.)	**Dyads of special education teachers and their students.**
b. Estimated amount of Participants:	**As many as are willing to participate.**
c. Place an X in the box next to any of the following special populations involved in this study, if applicable.	**(X) Minors** **(X) Students with disabilities** **( ) Other vulnerable populations- please identify** ***If working with students, please see #5**
d. Age ranges:	**Grades K-12**
e. Gender of Participants (check all that apply):	**Male (X) Female (X)**
3. Research Methodology:	
a. How will this research be beneficial in advancing knowledge in the district?	**Teachers will learn more about how to manage feelings of burnout. Students will benefit by being taught by teachers who are less stressed/burned out and therefore better able to deliver effective supports.**

b. Will this research create a strain on the district's staff and/or resources? Please describe.	**No strain is anticipated. For students, nothing in their daily life will change. We simply ask consent to record the students as they engage in business as usual with their teachers. For teachers, the surveys and focus groups can be completed off work hours and we are prepared (if approved by the district to do so) to compensate them for their time in the form of gift cards worth up to $145, depending on level of participation.**
c. Describe the procedures involved in the collection or review of the data in sufficient detail so that the IRB can evaluate safety and risks to human participants. **If necessary, please review the attached NIH "Protecting Human Research Participants" PDF for additional info.**	**Teachers complete online surveys sent via secure link. No personally identifiable information is required. Teachers participating in virtual focus groups are encouraged to use pseudonyms and these video records are permanently erased within 30 days of recording. Students are providing no data; only their consent to have a small portion of their day video-recorded. Again, these recordings are maintained on a secure server and we erase all copies within 30 days of recording.**
d. What form of data collection will this research take? Check all that apply:	**(X) Survey** **( ) Experiment** **(X) Interview (Group)** **( ) Interview (Individual)** **( ) Existing Records** **(X) Observation (video only)** **( ) Other (Explain): _____** ***If using a survey, please see #8**

e. Anonymity / Confidentiality. **1) If the responses are to be anonymous, explain the procedure you will follow so that participants' responses are in fact anonymous.** **2) If the responses are NOT anonymous, explain the procedure you will follow so that the responses will held in confidence.**	**Is your study anonymous? ( ) yes (X) no** **If not anonymous, is your study confidential? (X) yes ( ) no** Upon entering the study all participants are provided a unique identifier and this identifier is known only to the PI and the PI's lead research assistant. This file is kept on a secure server at UVM and the computer is password protected.
f. Data Safety and Reporting:	Data collection and storage is as described above (e.g., secure servers, all erased within 30 days of data collection. Publications in peer-reviewed journals will never name location of participants except to say these students came from a school district in a northeastern state. That is as specific as we will be in reporting.
4. Level of Review:	
a. Researcher's classification of the project. (See Guidelines): **(The IRB will make the final determination.)**	**( ) No Risk** **(X) Minimal Risk** **( ) Risk** **[Is there any potential harm for research participants or the district?]** **No.**

b. If MINIMAL RISK or RISK, identify the potential risks:	For teachers: There are no known risks for participating in the classroom observation portion of the study beyond those in your typical day of work as we are only capturing business as usual conditions during the school day. There is minimal risk for social harm when participating in the focus groups because you will be asked to share personal feelings about teacher burnout among a group of your colleagues. If you wish to participate in a private interview rather than a focus group, this may help minimize your discomfort. There is minimal risk for breach of confidentiality regarding your survey responses, but you are only being identified in the survey by your ID number. For students: There are minimal risks for participating in the study beyond those of a typical day in school because we seek only to capture business as usual in the classroom. We will do our best to protect the information we collect about you during this study. All participants will be assigned confidential identification numbers (e.g., S001), so no names are needed in any data records or analysis. All data in the study will be stored on password protected computers and kept in a locked office building. We will not collect any information that will identify you to further protect your confidentiality and to minimize any potential risk for an accidental breach of confidentiality. Naturally, video recordings are identifiable and there is a potential risk for accidental breach of confidentiality. To guard against this, the Swivl technology protects all video recordings behind a secure internet firewall and a password protected account that belongs to the PI.
5. Informed Consent Form. If any risks are identified, you must submit an Informed Consent Form for approval. ***Parental Consent Forms MUST be used if minors are included in study, in predominant language of parent.***	**(X) See attached parent/student consent, which requires both the student and their parent/guardian to sign.** **( ) Not applicable**

6. Will deception (purposefully misleading participants as to the purpose of the study) be used? **If yes:** **a. Describe the deception.** **b. Justify the use of deception.** **c. Explain how participants will be debriefed as to the real purpose of the study.** **d. Attach a copy of the debriefing statement or script.**	**YES ( ) NO (X)** [If this is a deception study, you must explain what the deception is, why the use of deception is necessary, why it is justified (risk/benefit analysis), and how participants will be informed of the real purpose. Attach a copy of the written debriefing statement (or script if you will explain orally) at the end of this application or as a separate file upload on the electronic submission website.]
7. List all other institutions co-operating in the project. Attach written permission from each to your application.	**Only UVM is affiliated with this research.**
8. Attach a copy of the survey or interview questions associated with your project.	**(X) See attached (Appendix #)** **( ) Not applicable**