



**LOWELL PUBLIC SCHOOLS**  
**Henry J. Mroz Administration Office**  
**155 Merrimack Street**  
**Lowell, Massachusetts 01852**

**Abigail Anderson**  
**Director of Research and Accountability**

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To: Liam Skinner, Superintendent of Schools  
From: Abigail Anderson, Director of Research and Accountability  
RE: Doctoral Research Proposal, Elizabeth Bettini  
Date: August 21, 2024

Dr. Elizabeth Bettini, the Primary Investigator at Boston University, along with Dr. Jennifer Dolloff and Paula Peters, is conducting a study on the Lowell Adjustment Programs to tackle issues encountered by paraeducators, teachers, and leaders. This research builds on the work previously initiated by Dr. Frank Vicente. In the 2022-23 school year, they identified that paraeducators lacked time and support for professional learning. To address this, they created five online learning modules, each under one hour long, designed for paraeducators to complete during their first week in Lowell Public Schools.

The pilot study will test these modules by collecting feedback from participants on their feasibility and usefulness, as well as their impact on paraeducators' work with students. The modules will be freely available to the district now and in the future.

Paraeducators will have access to these modules on their first day of work and will be asked to consent to participate in the study. If they consent, their feedback and survey responses will be used for research. Those who participate in interviews, which can be conducted virtually or in person, will receive a \$25 gift card for completing the survey and another \$25 for participating in the interview.

Special educators, school leaders, and district leaders will also be invited to participate in the study. They will receive up to three email prompts to complete the survey, with consent obtained at the start.

The study aims to provide valuable, free professional learning resources to a group of educators with high turnover and limited access to training. The improved modules will benefit paraeducators, special educators, and students.

The research is in line with Policy LC and is recommended for approval by the school committee.

**APPLICATION FOR RESEARCH REVIEW  
LOWELL PUBLIC SCHOOLS DISTRICT INSTRUCTIONAL REVIEW BOARD  
2019-2020**

<b>NAME:</b>	Elizabeth Bettini
<b>LOCATION OF EMPLOYMENT</b>	Boston University
<b>APPROVAL FROM IRB (ORGANIZATION OR EDUCATIONAL INSTITUTION)</b> *Please list name and attach approval letter*	Boston University Protocol #XXXX
<b>RESEARCH INFORMATION</b>	
<b>1. Description of Study:</b>	<p>What is the purpose of your research? In the 2022-23 school year, we collected data at Lincoln Elementary, to understand challenges facing the Adjustment program there, and potential feasible solutions to those challenges. A major challenge we identified was lack of time or support for paraeducators' professional learning.</p> <p>In response to those findings, we have developed a series of five online learning modules, each of which takes less than 1 hour to complete. The modules are designed to be completed during the first week in which paraeducators are working in Lowell Public Schools, offering a substantial value to the district.</p> <p>In this study, we will pilot test the modules, gathering participants' feedback on how feasible and useful they found the modules and if/how the modules helped them in their work with students in the Adjustment program. Modules will be freely available to the district, now and in future, offering a substantial value to the district.</p>
<b>2. Participants in the project:</b>	
<b>a. Unit of Study: (Teachers, students, etc.)</b>	Educators (including paraeducators, teachers, and leaders) involved in the Lowell Adjustment Programs across the district.
<b>b. Estimated amount of Participants:</b>	
<b>c. Place an X in the box next to any of the following special populations involved in this study, if applicable.</b>	<input type="checkbox"/> Minors <input type="checkbox"/> Students with disabilities <input type="checkbox"/> Other vulnerable populations- please identify  <p style="color: red;"><b>*If working with students, please see #5</b></p>
<b>d. Age ranges:</b>	

<p><b>e. Gender of Participants (check all that apply):</b></p>	<p>Male ( )    Female ( )</p>
<p><b>f.</b></p>	
<p><b>3. Research Methodology:</b></p>	
<p><b>a. How will this research be beneficial in advancing knowledge in the district?</b></p>	<p>The study will provide the district with <u>free</u> online-learning modules for paraeducators in the Adjustment Program, a group of educators who currently have high turnover and limited access to high-quality professional learning opportunities. Because paraeducators are a crucial source of support for both special educators and students with disabilities, we anticipate the modules will benefit both paraeducators, and the teachers and students with whom they work.</p> <p>Through the research, we will improve the modules, after which they will be <u>freely available</u> to the district going forward, offering a substantial benefit to the district.</p> <p>DRAFT versions of the modules are available for on the One-Pager for the district for PREVIEW ONLY (please do not share or post publicly in any format)</p>
<p><b>b. Will this research create a strain on the district's staff and/or resources? Please describe.</b></p>	<p>The modules will require Adjustment paraeducators to spend up to 5 hours of their first full week of work on professional learning, either during their regular scheduled workday or during extra hours for which they should be paid. This represents a change from the status-quo practice in the district; currently, the district does not provide newly hired paraeducators in the Adjustment program systematic PD when they first begin. Thus, this project will cost district resources, to ensure paraeducators have paid time to complete the modules.</p> <p>However, this represent an important added value for the district: professional learning opportunities to support paraeducators as they begin their jobs, provided by BU, UMass Lowell, and UF faculty, at no cost to the district. We anticipate that the modules will save the district money in the long-term, in the expenses associated with training and retaining paraeducators. In addition, we anticipate the modules will enhance paraeducators' skill to effectively serve the students placed in the Adjustment Program.</p> <p>Further, through the research, we will improve the modules, which will remain available to the district for free, going forward.</p> <p>Note that, other than completing the modules for professional learning, all data collection (e.g., interviews) will take place outside of contractual hours and thus will not require district resources.</p>

**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.**

**Paraeducators:**

All Adjustment Program paraeducators will be given access to the modules on their first full day of work. The beginning of the first module will present the study and give them an option to consent to the study (see attached). If they decline, they will still have full access to the modules and all embedded response opportunities, but their data will not be used for research.

If they consent, their responses to questions embedded in the modules will be used for research, as will their responses to survey (see attached).

If they agree to be contacted for a follow-up interview, we will contact them up to three times, using their preferred mode of contact (email or phone; see attached scripts/email templates) to invite them to participate in an interview. If they do not respond after three contacts, we will assume they are declining and will cease contacting them. We will consent them orally at the beginning of the interview (see interview protocol).

Interviews will take no more than 90 minutes, and will be conducted in a location of their choice (virtual or in person) during their *non-working* hours. We will use zoom to audio-record interviews. Participants can choose to join zoom from a location where they feel comfortable being open. Researchers will host the zoom call from a private location (e.g., a private office).

Participants will be provided a \$25 gift card for completing the survey and another \$25 gift card if they participate in interviews.

**Special educators, school leaders, & district leaders:**

A district leader will email all special educators, school leaders, and district leaders who are supervising eligible new paraeducators, cc-ing us on the email, to let them know about the study; we will provide them with the attached email template to do so. We will send these special educators up to three emails (attached) prompting them to complete the attached survey. If they do not respond after three emails, we will assume they are choosing not to participate. Consent will occur at the beginning of the survey (see attached survey). The survey will take approximately 10 minutes to complete.

Participants will be provided a \$25 gift card for completing the survey.

<p><b>d. What form of data collection will this research take? Check all that apply:</b></p>	<p> <input checked="" type="checkbox"/> Survey  <input type="checkbox"/> Experiment  <input checked="" type="checkbox"/> Interview (Group)  <input type="checkbox"/> Interview (Individual)  <input type="checkbox"/> Existing Records  <input type="checkbox"/> Observation  <input type="checkbox"/> Other (Explain): _____ </p> <p><b>*If using a survey, please see #8</b></p>
<p><b>e. Anonymity / Confidentiality.</b></p> <p>1) If the responses are to be anonymous, explain the procedure you will follow so that participants' responses are in fact anonymous.</p> <p>2) If the responses are NOT anonymous, explain the procedure you will follow so that the responses will held in confidence.</p>	<p>Is your study anonymous? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p> <p>If not anonymous, is your study confidential? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>We will store identifiable data in a password protected dropbox account, to which only the research team has access. We will create pseudonyms for all participants; the file linking participants to their pseudonyms will be password protected and stored in a team dropbox folder (a separate folder from where the identifiable data are stored). All data will be de-identified for analysis. The PI will monitor data access and use, to ensure data are not removed from the password protected folders, and to ensure participants' privacy will be respected throughout analysis.</p>

<p><b>f. Data Safety and Reporting:</b></p>	<p>We will store identifiable data in a password protected dropbox account, to which only the research team has access. We will create pseudonyms for all participants; the file linking participants to their pseudonyms will be password protected and stored in a team dropbox folder (a separate folder from where the identifiable data are stored). All data will be de-identified for analysis. The PI will monitor data access and use, to ensure data are not removed from the password protected folders, and to ensure participants' privacy will be respected throughout analysis.</p> <p>We will present analytic findings in professional presentations and research manuscripts, using pseudonyms for participants, schools, and the district to maintain confidentiality. We will share any publications resulting from the research with the district special education director at the time of publication.</p> <p>We will destroy data after 7 years.</p>	
	<p>Dr. Elizabeth Bettini, PhD, Special Education Program, BU Wheelock College of Education</p>	<p>Primary Investigator</p>
	<p>Alexandra Allen, MA, Special Education Program, BU Wheelock College of Education</p>	<p>Research Assistant/Co-PI</p>

	Nelson Brunsting, PhD, University of Florida	Co-PI
	Lindsey Kaler, PhD, Annenberg Institute	Independent Investigator
	John McKenna, PhD, UMass Lowell	Research Associate
<b>4. Level of Review:</b>		
<b>a. Researcher's classification of the project. (See Guidelines): (The IRB will make the final determination.)</b>	<input type="checkbox"/> No Risk <input checked="" type="checkbox"/> Minimal Risk <input type="checkbox"/> Risk	
<b>b. If MINIMAL RISK or RISK, identify the potential risks:</b>	The major risk to all participants is loss of anonymity, if their data became publicly identifiable.	
<b>5. Informed Consent Form. If any risks are identified, you must submit an Informed Consent Form for approval.</b>  <b>*Parental Consent Forms MUST be used if minors are included in study, in predominant language of parent.*</b>	<input checked="" type="checkbox"/> See attached (either at the end of this form, or as a separate file attachment on the electronic submission website)  <input type="checkbox"/> Not applicable  [On very rare occasions, federal regulations provide for informed consent to be waived. If you wish this, give your arguments for the waiver, supporting your argument with federal guidelines.]	

<p><b>6. Will deception (purposefully misleading participants as to the purpose of the study) be used?</b></p> <p><b>If yes:</b></p> <ul style="list-style-type: none"> <li><b>a. Describe the deception.</b></li> <li><b>b. Justify the use of deception.</b></li> <li><b>c. Explain how participants will be debriefed as to the real purpose of the study.</b></li> <li><b>d. Attach a copy of the debriefing statement or script.</b></li> </ul>	<p><b>YES ( )      NO ( X )</b></p> <p>[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.]</p>
<p><b>7. List all other institutions co-operating in the project. Attach <u>written permission from each to your application.</u></b></p>	<p>NA</p> <p>Although there are faculty from other institutions, their IRBs have agreed to a reliance agreement with BU, wherein BU is solely responsible for overseeing this research.</p>
<p><b>8. <u>Attach a copy of the survey or interview questions associated with your project.</u></b></p>	<p><b>( X ) See attached (Appendix #)</b></p> <p><b>( ) Not applicable</b></p>



## Notification of IRB Review: Exemption Determination

July 30, 2024

Elizabeth Bettini, PhD  
Associate Professor  
Wheelock College of Education & Human Development  
Two Silber Way  
Boston, MA 02215

Protocol Title:	Project ONBOARD Pilot Test
Protocol #:	7604X
Funding Agency:	Internal Funds
IRB Review Type:	Exempt 2(ii)

Dear Professor Bettini:

On July 30, 2024, the IRB determined that the above-referenced protocol meets the criteria for exemption in accordance with 45 CFR 46.104(d) 2(ii).

The exempt determination includes the use of:

1. Up to a total of 120 participants
2. Protocol Application (submitted on July 29, 2024)
3. Consent Script
4. N=2 Recruitment Materials
5. N=2 Surveys
6. Interview Protocol

Please note:

- Changes to exempt research are submitted to the IRB using the [Clarification Form](#) and are only needed when the change affects the provisions to protect the privacy of the subjects and to maintain confidentiality of the data, when there is a change to the PI, and when the change may alter the criteria so that the research no longer qualifies for an exemption. If you have questions about whether the change you wish to make to exempt research requires review, please contact the IRB Office.

If you have any questions, please contact Diana Galarza Vergara at [dianamgv@bu.edu](mailto:dianamgv@bu.edu).

Sincerely,

A handwritten signature in black ink that reads "Diana M. Galarza V." with a checkmark at the end.

Diana M. Galarza Vergara, PhD, MAE, CIP  
Senior IRB Analyst  
Charles River Campus IRB

## Interview Protocol

[Note: this script will be a guide for the conversation; the actual wording may vary slightly, except for the underlined text, which we will read word-for-word]

### I. Welcome and overview of topic

Welcome! My name is [Name] and I am [title and institution]. My colleagues and I are working on improving supports for paraeducators who work in self-contained settings for students with significant behavior support needs. As a former [paraeducator or special educator] myself, I'm really interested in how we can improve supports for paraeducators. We really appreciate you sharing your experiences with us!

Before we begin, I am going to share with you a bit about your rights as a research participant.

**If you decide to be in this interview, we will ask you to participate in this interview, of up to 1.5 hours long, about your experiences beginning your position as a paraeducator. We don't plan to tell anyone or share your name or other information about you if you join this study. However, there is a small chance that other people could find out your information. We will do our best to make sure that doesn't happen. There is also a chance that the interview topics may be distressing; you may end the interview at any time – you do not have to respond to any questions that make you uncomfortable.**

However, I will be sharing some of the ideas that emerge from this conversation with school leaders and policymakers, so please feel free to speak your mind and share anything that you would like for them to hear about your experiences. We also have a \$25 gift card, to thank you for participating in this research.

**Participation is voluntary; you do not have to take part in this research study. You can say 'Yes' or 'No'. You can say 'Yes' now and change your mind later. All you have to do is tell us you want to stop. If you have any questions about this study, you can talk with me or any other project staff, at any time.**

**So, before we begin our discussion, can each of you please state if you consent to participate and be recorded for the purposes of our research?**

[Pause for Consent]

[Interview questions, below, will serve as a loose guide for the conversation.]

- (1) First, I'd love to hear a bit about your professional background. What kind of work did you do before you began working here at [District]?
- (2) What led you to consider and take this position at [District]?

- (3) Tell me about your job here – what is your position in [District]?
- (4) I know that you are new in your position and you may still be learning about the position. But, I'd love to hear what you think about it so far.
  - What do you like about this job?
  - What are some challenges in this position?

You completed the Project ONBOARD modules, during your first week of work. Now, I'm going to focus for a bit on your experience with those modules.

- (5) When did you complete the modules?
- (6) What did you find useful in the modules?
- (7) Can you describe something you learned from the modules that you've used in your work as a paraeducator?
  - How did you use this?
  - What was useful about it?
  - Are there additional skills or concepts from the modules that have been useful for you?
- (8) Earlier, you described some of the challenges in your position.
  - Has anything you learned in the modules been useful for navigating those challenges?
  - Is there anything that you didn't learn in the modules, but that you wish had been included? What was that, and why do you think it would have been useful to have included in the modules?
- (9) We are looking to improve the modules in future. Are there any recommendations that you have for us as we do so?
- (10) We are also considering expanding the modules, to address other content for continuing paraeducators. Is there any content you'd like to see us address in future modules?

# Improving Adjustment Programs in Lowell Public Schools, Phase 2: Project ONBOARD

A Research-Practice Partnership between LPS’s Special Education Department,  
UMass Lowell, University of Florida, & Boston University

**Aim:** We aim to learn about how schools and districts can better structure and support substantially separate programs for students with emotional and behavioral disorders (EBD), by iteratively improving Lowell’s Adjustment Program, and researching those improvements.

## Research Plan

<p><b><u>Phase 1:</u></b> <b>Describing Current Strengths and Weaknesses</b></p>	<p>In Phase 1 (COMPLETED), we collected data from one elementary school, learning about current strengths and weaknesses in the Adjustment Program. We learned a great deal about how the school’s Adjustment Program was operating, including:</p> <ul style="list-style-type: none"> <li>• <b><u>Strengths:</u></b> <ul style="list-style-type: none"> <li>○ Educators placed a strong priority on rigorous academic instruction, in both the general education curriculum &amp; intervention instruction.</li> <li>○ Educators were well-supported by a principal with very strong knowledge and skill about students in the program, leading them to feel that they had back-up to do their jobs well.</li> </ul> </li> <li>• <b><u>Difficulties:</u></b> <ul style="list-style-type: none"> <li>○ Many paraeducators were new, and there was high paraeducator turnover.</li> <li>○ Paraeducators did not have systematic access to high-quality professional development about how to do their jobs; they described primarily learning by watching more experienced paraeducators—from whom they sometimes were learning ineffective or unhelpful practices. Because paraeducators are often hired mid-year, a professional learning experience at the beginning of the year would not work for many of them.</li> <li>○ Exacerbating the difficulties with paraeducators’ professional learning, special educators did not have dedicated time in which to provide training.</li> </ul> </li> </ul>
<p><b><u>Phase 2:</u></b> <b>Iteratively Improving the Adjustment Programs</b></p>	<p>We designed a series of five online learning modules for new paraeducators, each of which is designed to take less than one hour. Previews of modules are linked on the next page. We propose to:</p> <ul style="list-style-type: none"> <li>• Make the modules available to all new Adjustment paraeducators.</li> <li>• Collect data on: <ul style="list-style-type: none"> <li>○ Paraeducators’ responses to quizzes embedded in the modules</li> <li>○ Survey &amp; interview data on paraeducators’ perceptions of modules</li> <li>○ Survey data on special educators’ &amp; leaders’ perceptions of the feasibility &amp; usability of the modules</li> </ul> </li> </ul> <p>Based on this feedback, we will revise the modules, making the new versions available to the district going forward, for free.</p>
<p><b><u>Phase 3:</u></b> <b>Continued Improvement</b></p>	<p>The research team will work closely with district leaders to identify other improvements (e.g., new modules, supports to add to the modules) to support the Adjustment Program. Data collection &amp; analysis methods will be determined collaboratively, based on Phase 2 findings.</p>

## Research Team

**Dr. Liz Bettini** is an Associate Professor of Special Education at Boston University. She previously taught students with EBD in sub-separate settings. Her research focuses on improving these programs, by improving the special education teacher workforce serving these students. Her work has been published in >50 refereed publications, funded by >\$5million in federal grants, and been recognized by multiple high-profile awards (e.g., the CEC Division for Research 2023 Martin J. Kauffman Distinguished Early Career Research Award).

**Dr. John McKenna** is an Associate Professor of Special Education at University of Massachusetts Lowell. He has 20 years experience as a practitioner supporting students with EBD, having served as a House Parent, Family Preservation Worker and Special Educator at the New England Salem Children's Trust, Italian Home for Children, Walker Home and School, and Newton Public Schools. His research and service activities center on improving student access to research-based instruction and the full continuum of service options.

**Dr. Nelson Brunsting** is an Assistant Professor of Special Education at University of Florida. He previously taught students with EBD in wilderness alternative schools, and his research focuses on supporting educators' well-being and preventing burnout, by fostering sustainable and supportive school contexts. His work has been published in > 50 refereed articles in top journals and funded by >\$2,500,000 in research grants.

**Alex Allen-Barrett** is a doctoral student at Boston University, currently pursuing a Ph.D. at BU. As a former preschool teacher, Alex's research interests include the intersection of trauma and EBD, as well as the development and evaluation of equitable school-based interventions.

**Dr. Lindsey Kaler** is a Postdoctoral Research Associate at Brown University, associated with the Annenberg Institute for School Reform and Watson Institute for International and Public Affairs. As a former special educator working with students with EBD, Dr. Kaler's research focuses on special education labor markets, the impact of trauma exposure on students with disabilities, and improving outcomes for students with EBD.

## Project ONBOARD Modules

Following are previews of DRAFT versions of the modules, which are still being revised. Please feel free to review them for the purposes of providing feedback and approving this research application. Please **DO NOT SHARE** with others at this point. Thank you!

<b>Module 1:</b> <i>Introduction to Special Education &amp; The Role of a Paraeducator</i>	<a href="https://rise.articulate.com/share/jkNZFb1A1W8KXFzeM2If9hmiU4p_17y_">https://rise.articulate.com/share/jkNZFb1A1W8KXFzeM2If9hmiU4p_17y_</a>
<b>Module 2:</b> <i>Students with Emotional/Behavioral Disorders</i>	<a href="https://rise.articulate.com/share/PHnBHtMQnQIAIeAq8gIO6D0yYPX0_0sP">https://rise.articulate.com/share/PHnBHtMQnQIAIeAq8gIO6D0yYPX0_0sP</a>
<b>Module 3:</b> <i>Setting Up Environments &amp; Interactions That Meet My Students' Needs</i>	<a href="https://rise.articulate.com/share/aKdQqilcr9r pq7rNBiySkh_c8dVrfiPk">https://rise.articulate.com/share/aKdQqilcr9r pq7rNBiySkh_c8dVrfiPk</a>
<b>Module 4:</b> <i>Identifying the Purpose of Students' Behaviors in My Class</i>	<a href="https://rise.articulate.com/share/p9INPHimGD7QVLGacXgtG-ivEwmIn5OF">https://rise.articulate.com/share/p9INPHimGD7QVLGacXgtG-ivEwmIn5OF</a>
<b>Module 5:</b> <i>Responding When Students Are Escalated</i>	<a href="https://rise.articulate.com/share/g8hLW2Qt64JGWZIIBO1XfYSm9BRFPhe9">https://rise.articulate.com/share/g8hLW2Qt64JGWZIIBO1XfYSm9BRFPhe9</a>

## **Informed Consent Embedded at the Beginning of the Modules:**

A research team at Boston University, the University of Florida, UMass Lowell, and the Annenberg Institute is conducting research on these modules. **You have an opportunity to be part of that research!**

Participation in this study is **completely voluntary**.

- **If you choose to participate:**

- The research team will give you a **\$25 gift card** to Amazon or Target, to thank you for your time.
- The research team will use your responses to questions in the modules to help improve the modules and in research studies about supporting new paraeducators.
- In addition to completing the modules, you will take a brief survey (approximately 10 minutes) about the modules.
- The research team may contact you about participating in an audio-recorded interview, at a location of your choice, about your experiences beginning your job. You may choose to consent to or decline that interview.
- The main risk is a potential loss of confidentiality. The research team will protect your confidentiality by labeling your information with a code and keeping the key to the code in a password protected file. For the purposes of quality improvement and safety, the Boston University Institutional Review Board may review your study records. There are no benefits to you from taking part in this research.
- Your responses will be held strictly confidential. No one in your district will have access to your data.

- **If you choose not to participate:**

- You will still have access to all aspects of the modules.
- Your responses to questions in the modules will NOT be used for research.
- There is no penalty for choosing not to participate.

If you have any questions about the research study, please contact Elizabeth Bettini, study director, at [lbettini@bu.edu](mailto:lbettini@bu.edu). If you have questions about your rights as a research subject or want to speak with someone independent of the research team, you may contact the Boston University IRB directly at 617-358-6115. The IRB Office webpage has information where you can learn more about being a participant in research, and you can also complete a Participant Feedback Survey.

Please indicate below if you do or do not consent to participate in the study:

I DO consent to participate in the research study.

I DO NOT consent to participate in the research study.

If you consented, please share your email and phone number so that the researchers can give you your \$25 gift card.

Thank you!

**Interest in Participating in Interviews (to be embedded at the end of the survey):**

Thank you for completing this survey!

We are conducting follow-up audio-recorded interviews, at a time and location of your choice, about the modules. This interview will be confidential; we will not share your name or information with anyone outside the research team. Participation is voluntary; you may choose to participate or not and there are no repercussions for choosing not to participate. We do have funds to provide you another \$25 gift card, if you choose to participate in the interview.

Would you be willing to participate in a follow-up interview about your responses?

\_Yes

\_No

If you selected yes, please provide the best way to contact you (email or phone number) below:

**District Admin Email Template:**

Hello [Name],

[District name] is participating in a research study, focused on better supporting paraeducators with students who have significant behavior support needs. This study is being conducted by Dr. Liz Bettini at Boston University, who is cc-d on this email.

This study is an important opportunity for us to improve our supports for paraeducators. As part of the study, the researchers are asking for special educators and school leaders to complete a brief Qualtrics survey (approximately 10 minutes long). All data will be kept confidential; the researchers will not share your name or information with anyone outside the research team. Participation is voluntary; you may choose to participate or not and there are no repercussions for choosing not to participate. The researchers do have funds to provide you a \$25 gift card, if you choose to join the study.

This is an excellent opportunity for your experiences to contribute to larger efforts to improve special education.

The researchers will email you soon with a link to the survey. Please look for this email and check your email's spam folder just in case. Our district is fully in support of this study, and we look forward to learning ways to best support you and your paraeducators in your future work.

Best,

**Research Team Email to Potential Participants:**

Hello [Name],

As [District admin] mentioned, [District name] is participating in a research study, focused on better supporting paraeducators working with students who have significant behavior support needs.

This study is an important opportunity to help improve supports for paraeducators. As part of the study, we are asking you to complete a brief Qualtrics survey (approximately 10 minutes long). All data will be kept confidential; we will not share your name or information with anyone outside the research team. Participation is voluntary; you may choose to participate or not and there are no repercussions for choosing not to participate. We do have funds to provide you a \$25 gift card, if you choose to join the study.

To complete the survey, please click this link.

This is an excellent opportunity for your experiences to contribute to larger efforts to improve special education.

Thank you for considering!

Best,

Liz Bettini

Boston University's Wheelock College of Education & Human Development

2 Silber Way, Boston MA

[lbettini@bu.edu](mailto:lbettini@bu.edu)

**Research Team Follow-Up Email to Potential Participants (to be sent up to 2 times):**

Hello [Name],

We just wanted to follow up with you, regarding the research our team is conducting, on improving supports for paraeducators who work with students with significant behavior support needs!

As part of the study, we are asking you to complete a brief Qualtrics survey (approximately 10 minutes long). All data will be kept confidential; we will not share your name or information with anyone outside the research team. Participation is voluntary; you may choose to participate or not and there are no repercussions for choosing not to participate. We do have funds to provide you a \$25 gift card, if you choose to join the study.

To complete the survey, please click this link.

Please let us know if you have any questions or concerns, and thank you for considering!

Best,

Liz Bettini

Boston University's Wheelock College of Education & Human Development

2 Silber Way, Boston MA

[lbettini@bu.edu](mailto:lbettini@bu.edu)

### **Email Script for Scheduling Interviews:**

Hello [Name],

Thank you for participating in our research on [District's] onboarding modules for paraeducators!

In the survey you completed, you indicated that you were open to participating in an interview with the research team. The interview is intended to be up to 1.5 hours long, at a time and location of your choice. As a reminder, this interview is confidential; we will not share your name or information with anyone outside the research team. Participation is voluntary; you may choose to participate or not and there are no repercussions for choosing not to participate. We do have funds to provide you another \$25 gift card, if you choose to participate in the interview.

We are happy to schedule the interview at a time and place that works best for you! **Can you please let us know some times that would work for you in the next 2 weeks?**

This is an excellent opportunity for your experiences to contribute to larger efforts to improve special education.

Thank you for considering!

Best,

Liz Bettini

Boston University's Wheelock College of Education & Human Development

2 Silber Way, Boston MA

[lbettini@bu.edu](mailto:lbettini@bu.edu)

### **Phone Script for Scheduling Interviews [note this script will guide the conversation, but wording may vary as the conversation proceeds]:**

Hi! My name is [name], from [University]. You were so kind as to complete a survey for my research team, about the modules you completed when you began your position. Thank you so much!

In the survey you completed, you indicated that you were open to participating in an interview

with the research team. The interview will be up to 1.5 hours long. As a reminder, this interview is confidential; we will not share your name or information with anyone outside the research team. Participation is voluntary; you may choose to participate or not and there are no repercussions for choosing not to participate. We do have funds to provide you another \$25 gift card, if you choose to participate in the interview.

We are happy to schedule the interview at a time and place that works best for you! Is there a time that would work for you in the next 2 weeks?

Thank you for considering!

[have conversation about scheduling]

Please reach out to me if you need anything in the meantime. My email is [lbettini@bu.edu](mailto:lbettini@bu.edu), and that is generally the best way to reach me. Thank you so much!

## Project ONBOARD Paraeducator Training Modules

A research team at Boston University and the University of Florida is conducting research on the Project ONBOARD Paraeducator Training Modules.

Participation in this study is **completely voluntary**.

- **If you choose to participate:**
  - The research team will give you a **\$25 gift card** to Amazon or Target, to thank you for your time.
  - You will take a brief survey (approximately 10 minutes) about the modules.
  - The main risk is a potential loss of privacy. The research team will protect your privacy by labeling your information with a code and keeping the key to the code in a password protected file. For the purposes of quality improvement and safety, the Boston University Institutional Review Board may review your study records.
  - Your responses will be held strictly confidential. No one in your district will have access to your data.
- **If you choose not to participate:**
  - You will still have access to all aspects of the modules.
  - There is no penalty for choosing not to participate.

If you have any questions about the research study, please contact Elizabeth Bettini, study director, at [lbettini@bu.edu](mailto:lbettini@bu.edu). If you have questions about your rights as a research subject or want to speak with someone independent of the research team, you may contact the Boston University IRB directly at 617-358-6115.

Please indicate below if you do or do not consent to participate in the study:

I DO consent to participate in the research study.

I DO NOT consent to participate in the research study.

If you consented, please share your email and phone number so that the researchers can give you your \$25 gift card.

- 
1. What is your current position?
    - a. Paraeducator
    - b. Other: [please specify: ]
  2. How long have you:
    - a. Worked in education?
    - b. Worked in your current school?
    - c. Worked in your current district?

3. What is the highest degree you have earned?
  - a. Associate's degree
  - b. Bachelor's degree (B.A., B.S., etc.)
  - c. Master's degree (M.A., M.A.T., M.B.A., M.Ed., M.S., etc.)
  - d. Educational specialist or professional diploma (at least one year beyond master's level)
  - e. Doctorate or first professional degree (Ph.D., Ed.D., M.D., L.L.B., J.D., D.D.S.)
  - f. Do not have a degree
4. Of the following options, please select the race/ethnicities that best reflect your identity. (select all that apply)
  - a. Black or African American
  - b. White or Caucasian
  - c. Asian American or Asian
  - d. Hawaiian or Pacific Islander
  - e. Latino/a, Chicano/a, or Hispanic
  - f. Middle Eastern or North African
  - g. Native American or American Indian
5. Do you identify as a person of color?
  - a. Yes
  - b. No
  - c. Prefer not to answer
6. If you would like to provide any additional information about racial or ethnic identity, please do so here. [open response]
7. Do you identify as having a disability, being neurodivergent, or having a mental health problem?
  - a. Yes
  - b. No
  - c. Prefer not to answer
8. If you would like to provide any additional information about your disability, neurodivergence, or mental health problem, please do so here. [open response]
9. Please select the option that best represents your gender identity
  - a. Male
  - b. Female
  - c. Non-Binary
  - d. Other
  - e. Prefer not to respond
10. Do you identify as trans?
  - a. Yes
  - b. No
  - c. Prefer not to respond
11. Do you identify as a member of the LGBTQIA+ community?
  - a. Yes
  - b. No



easily.



2. What did you like about the modules? [open-ended]
3. What recommendations do you have for improving the modules? [open-ended]
4. What, if anything, do you think is missing from the modules? [open-ended]

Please consider the Project ONBOARD modules when responding to the following statements.  
Please select the response that best reflects your agreement with the statement.

	Strongly disagree (1)	Disagree (2)	Slightly Disagree (3)	Slightly Agree (4)	Agree (5)	Strongly Agree (6)
1. These modules supported my skills.						
2. My supervisor allocated time for me to complete the modules.						
3. I understood how to use the modules.						
4. The modules are a fair way to enhance new paraeducators' skills.						
5. The time						

required to use the modules was manageable.

6. My supervisor supported my use of the modules.

Please consider the Project ONBOARD modules when responding to the following statements. Please select the response that best reflects your agreement with the statement.

	Strongly disagree (1)	Disagree (2)	Slightly Disagree (3)	Slightly Agree (4)	Agree (5)	Strongly Agree (6)
7. I felt positively about using the modules.						
8. The modules are a good way to support paraeducators.						
9. Preparation for using the modules is minimal.						
10. The modules helped prepare me to do my job well.						

11. The materials on the modules match the realities of my job.

12. Technological resources needed for the modules are reasonable.

13. I completed the modules with enthusiasm.

14. The module content is too complex to carry out accurately.

15. The modules' content is consistent with the way things are done in my school.

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Please consider the Project ONBOARD modules when responding to the following statements. Please select the response that best reflects your agreement with the statement.

	Strongly	Disagree	Slightly	Slightly	Agree (5)	Strongly
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	disagree (1)	(2)	Disagree (3)	Agree (4)	Agree (6)
16. I was committed to completing the modules.					
17. I would need additional support to implement what I learned in the modules.					
18. The modules made the content easy to understand.					
19. I had the support I needed to complete the modules.					
20. The amount of time for to complete the modules is reasonable.					
21. I would require additional professional development					

in order to  
successfully  
implement  
the key  
concepts  
from the  
modules.

---

URP\_OPENRESPONSE Is there anything you would like to add or clarify for your responses above?

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Thank you for completing this survey!

We are conducting follow-up interviews about the modules. This interview will be confidential; we will not share your name or information with anyone outside the research team. Participation is voluntary; you may choose to participate or not and there are no repercussions for choosing not to participate. We do have funds to provide you another \$25 gift card, if you choose to participate in the interview.

Would you be willing to participate in a follow-up interview about your responses?

\_Yes

\_No

If you selected yes, please provide your email or phone number below, and indicate what is the best way to contact you:



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## Application Form (Full Board and Expedited Review)

### SECTION A: Protocol and Contact Information

**Protocol Title:** Project ONBOARD Pilot Test      **Protocol Number:** enter text  
**PI Name and Degrees:** Elizabeth Bettini, PhD      **Preferred Pronoun:** she/her  
**PI Email Address:** lbettini@bu.edu      **PI Phone Number:** 520-873-7534  
**BU Mailing Address:** lbettini@bu.edu      **PI Department:** Teaching & learning  
**Additional Contact/Faculty Advisor:** enter text  
**Contact Information:** enter text

### SECTION B: Funding

- The research is unfunded  
 The Research is funded by a federal agency that is *not* FDA or NIH, e.g. Dept of Defense, Dept of Education, Dept of Justice, etc.  
 The research is funded. Complete the table(s) below for each funding source:

Funding Source	Award Status	Grant / Award #	Period of Support	BU Award Status	Awardee Institution*	Grant Title if different from Protocol title
BU Wheelock Institute for the Science of Education	<b>Awarded</b>	NA	1-1-2024 to 8-1-2025	<b>Prime</b>	enter text	enter text
enter text	Choose an item.	enter text	enter text	Choose an item.	enter text	enter text
enter text	Choose an item.	enter text	enter text	Choose an item.	enter text	enter text

- The research is funded by more than 3 sources. If yes, provide the above information for each funding source via email to [IRB@bu.edu](mailto:IRB@bu.edu).

#### \*NOTES:

- Provide a copy of the grant application, funding proposal, contract/agreement, scope of work, or sub-award agreement supporting the research. If an award is pending, once the funding has been awarded, submit an amendment to the IRB to add the funding source.
- If this research study is for your dissertation, provide a copy of your prospectus (if available).

### SECTION C: Conflict of Interest

<input checked="" type="checkbox"/> Yes <b>(REQUIRED)</b>	I confirm that <b>ALL</b> those responsible for the design, conduct, or reporting of the proposed research, including at minimum, all Senior/key personnel in the grant application, have completed financial conflict of interest disclosures and training as required by the <a href="#">BU FCOI Office</a> and as provided under <a href="#">the Boston University Investigator Conflicts of Interest Policy for Research</a> .
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<input type="checkbox"/> No <input type="checkbox"/> Yes	Have any Investigators or Study staff on the protocol disclosed a Financial Conflict of Interest related to the research? If yes, provide the name of the individual(s): <small>enter text</small> <i>If yes, the IRB office will contact the FCOI office for more information.</i>
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**SECTION D: Type of Review**

For Guidance regarding Type of Review please refer to the [CRC IRB website](#).

I.  **FULL BOARD**

Research that is greater than minimal risk and/or does not qualify for exempt or expedited review will be reviewed at a convened IRB meeting. If the study will be reviewed by the full/convened IRB, it will be put on a meeting agenda when the IRB Analyst has determined that the study meets approval criteria.

II.  **EXPEDITED**

To qualify for expedited review, the study must be no more than minimal risk (the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests) **AND** must fall into one of the categories below. Check all that apply:

- 1. Clinical studies of drugs and medical devices only when condition (a) or (b) is met.
  - a. Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.)
  - b. Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.
  
- 2. Collection of blood samples by finger stick, heel-stick, ear stick, or venipuncture as follows:
  - a. From healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8-week period and collection may not occur more frequently than 2 times per week; or
  - b. From other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8-week period and collection may not occur more frequently than 2 times per week.
  
- 3. Prospective collection of biological specimens for research purposes by noninvasive means. Examples: (a) hair and nail clippings in a nondisfiguring manner, (b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction, (c) permanent teeth if routine patient care indicates a need for extraction, (d) excreta and



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external secretions (including sweat), (e) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue, (f) placenta removed at delivery, (g) mniotic fluid obtained at the time of rupture of the membrane prior to or during labor, (h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques, (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings, (j) sputum collected after saline mist nebulization.

- 4. Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.) Examples: (a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy, (b) weighing or testing sensory acuity, (c) magnetic resonance imaging, (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography, (e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.
- 5. Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis).
- 6. Collection of data from voice, video, digital, or image recordings made for research purposes.
- 7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

**Note: The IRB will make the final determination on the Type of Review**

**SECTION E: Study Staff and Training**

Instructions:

- List ALL current members of the research team in the table below.
- Add more rows as necessary.
- Student Research: The Faculty Advisor must be listed as a co-investigator in this section and must complete the Human Subjects training requirements. Faculty Advisors are responsible for reviewing



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the IRB application, agreeing to serve as the Co-PI for this study with the student and are responsible for the ethical conduct of this student’s human subjects research. Faculty Advisors must sign this Application prior to it being submitted to the IRB.

**1. CRC Investigators and Study Staff:**

BUMC and other non-CRC personnel should be listed below in the Non-BU Investigator/study staff section

Name, Degree & School	Study Role (e.g. co-i, research coordinator, RA, etc.)	Human Subjects Training
Elizabeth Bettini, PhD, BU Wheelock	Principal Investigator	<input checked="" type="checkbox"/> CITI: 9-28-2022 <input type="checkbox"/> Other*: enter name and date <input type="checkbox"/> GCP**: enter date and provide copy
Alexandra Allen, MA, BU Wheelock	Research Assistant	<input checked="" type="checkbox"/> CITI: 1/10/2023 <input type="checkbox"/> Other*: enter name and date <input type="checkbox"/> GCP**: enter date and provide copy

\*If CITI was not completed, a copy of the training record must be submitted.

\*\*For NIH-funded clinical trials, Good Clinical Practice (GCP) training is required.

For more information on training requirements, please refer to the CRC [Human Subjects Training Policy](#).

**2. Non-CRC Investigators and Study Staff**

N/A

Instructions:

- BUMC and BMC staff are considered non-BU staff and should be listed in this section.
- Add more rows as necessary.
- All the columns in the box below must be completed.
- You must complete the box that follows with a description of the activities for each staff member.
- If IRB approval will be obtained from a non-BU site, only list the lead investigator from that site.

Name, Degree, Institution	Study Role (e.g. co-i, research coordinator, RA, etc.)	Staff Information
		<input checked="" type="checkbox"/> This staff will interact with subjects <input checked="" type="checkbox"/> This staff will have access to subject identifiers <input type="checkbox"/> The research is related to the staff role at their home institution.
		<input checked="" type="checkbox"/> This staff will interact with subjects <input checked="" type="checkbox"/> This staff will have access to subject identifiers <input type="checkbox"/> The research is related to the staff role at their home institution.
		<input checked="" type="checkbox"/> This staff will interact with subjects <input checked="" type="checkbox"/> This staff will have access to subject identifiers <input type="checkbox"/> The research is related to the staff role at their home institution.



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**2a. Include a summary of research activities to be conducted by each non-BU staff person listed above.**

enter text

**2b. If IRB approval will not be conducted at the home institution of the non-BU study staff, provide the rationale** (e.g. external institution not engaged in research, reliance agreement with BU, etc.):

enter text

**SECTION F: Location of the Research**

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will this research take place at Boston University? Provide the location (e.g. building and room number):
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will this research take place outside of Boston University? If yes, please complete the below table:
Institution Name and Address (if known)		Site Activities (e.g. recruitment, consent, data analysis, study interventions, etc.)
Public School District		Recruitment, Consent, Study Intervention
		Describe Site IRB/Ethics Approval/Permission
		Will obtain as required
YES*	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the off-site location requesting the CRC IRB review the protocol in place of local IRB review? If <b>YES</b> , complete the <a href="#">Single IRB Review Form</a> .
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will this research be conducted outside of the United States? If <b>YES</b> , complete the <a href="#">International Research Form</a> .
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the CRC PI the lead investigator <b>OR</b> is BU the lead site for this research? If yes, complete the below information.
Provide the following information in the box below: <ul style="list-style-type: none"> <li>• The plan for collection and management of data from all the sites</li> <li>• The plan for evaluating and reporting:               <ul style="list-style-type: none"> <li>○ Unanticipated problems</li> <li>○ Serious and/or continuing non-compliance</li> <li>○ Suspensions and terminations of research</li> <li>○ Interim results</li> <li>○ Protocol modifications</li> </ul> </li> <li>• The name of the Principal Investigator from each site</li> </ul>		



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- If IRB approval will be obtained at the site, confirmation that you have a copy (or will obtain a copy) of the IRB approval letters and the IRB-approved protocols from each site
- If IRB approval will be obtained at the site, confirmation that the site IRB has a FederalWide assurance (FWA)

**Data Collection:** Data will be collected using Qualtrics and over zoom.

**Data Storage:** Identifiable data will be stored in a password protected BU dropbox folder, which all project staff at all sites (and only project staff) will have access to. Anonymized data (i.e., with pseudonyms for participants) will be stored in separate password protected BU dropbox that only project staff will have access to, and that is not linked to the folder with the identifiable data. The code file, which links participants’ pseudonyms with their real names, will be stored in a password protected word document in a password-protected BU dropbox account to which only project staff have access. Note, we will be obtaining consent electronically (for surveys) or orally (for interviews), so no hard-copies of consent documents will require storage, and all study materials will be stored on BU dropbox only.

**Data Management:** The PI (Dr. Bettini) will be responsible for all data management, including ensuring confidentiality and proper storage, across sites, including being responsible for

- Unanticipated problems
- Serious and/or continuing non-compliance
- Suspensions and terminations of research
- Interim results
- Protocol modifications

**SECTION G: Study Summary**

**Summarize the study in lay language (do not copy from the grant/scope of work/proposal, etc.). This summary should include the research design, purpose, objectives, research question, hypothesis, and any relevant background information.**

Do not include a list of citations in this section. Please limit this section to no more than 300 words.

We are providing participating school districts with a series of 5 one-hour long professional learning modules for paraeducators, which partner districts are using as part of their induction program for new paraeducators. We will pilot test the modules, gathering participants’ feedback on how feasible and useful they found the modules, and if/how the modules helped them in their work with students.

**SECTION H: Research Methods and Activities**

Check all that apply:

<input checked="" type="checkbox"/>	Collection of audio, video, digital, or image recordings
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<input type="checkbox"/>	Biological samples → <a href="#">Complete Biological Samples Form</a> Examples: blood, hair, cheek swab, urine, tears, saliva, etc.
<input type="checkbox"/>	Collection of data that may be sensitive and if disclosed could put subjects at risk for legal or social harms. (e.g. Illegal behaviors, HIV status, psychiatric illness, information related to sexual behaviors, etc.
<input type="checkbox"/>	Coordinating Center/Lead Site
<input type="checkbox"/>	Deception
<input type="checkbox"/>	Devices → <a href="#">Complete Devices Form</a>
<input type="checkbox"/>	Drugs → <a href="#">Complete Drugs Form</a>
<input checked="" type="checkbox"/>	Ethnographic: The study of people in their own environment through the use of methods such as participant observation and face-to-face interviewing
<input type="checkbox"/>	Focus Groups
<input type="checkbox"/>	Genetics Testing → <a href="#">Complete Genetics Form</a>
<input type="checkbox"/>	MRI → <a href="#">Complete MRI Form</a>
<input type="checkbox"/>	Placebo
<input type="checkbox"/>	Pregnancy Testing
<input type="checkbox"/>	Randomization
<input checked="" type="checkbox"/>	Surveys, interviews, questionnaires
<input type="checkbox"/>	Secondary Data Analysis
<input type="checkbox"/>	Other (please describe):

**SECTION I: Participant Population**

**Provide the Number of Participants to be Enrolled. If you have sub-groups or more than one arm, please separate out these enrollment numbers. Note:** Please account for participants who may drop out or be withdrawn from the study. Anyone who signs a consent form is considered to be enrolled in the research regardless of whether they complete any study procedures.



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Participants: up to 120 total  
 (1) We will survey and interview up to 50 paraeducators.  
 (2) We will survey up to 50 special education teachers.  
 (3) We will survey up to 20 school and district administrators.

**Check all categories that apply to your participant population:**

<input checked="" type="checkbox"/>	Adults
<input type="checkbox"/>	Children (< 18 years of age)
<input type="checkbox"/>	Adults with Limited Decision-Making Capacity
<input type="checkbox"/>	Non-English Speaking
<input type="checkbox"/>	Prisoners
<input type="checkbox"/>	BU Employees
<input type="checkbox"/>	BU Students
<input type="checkbox"/>	Wards of the state
<input type="checkbox"/>	Other (please describe):

**If a population other than ‘Adults’ has been checked, describe the additional safeguards that have or will be put in place to protect those individuals, and provide the rationale for including this population in the research study.**

**Eligibility Criteria**

Inclusion Criteria:  
 To participate, paraeducators must be:

- New employees (hired within the past month)
- Working with students who receive special education services for an emotional/behavioral disorder.

To participate, special educators must be:

- Supervising a new paraeducator
- Working with students who receive special education services for an emotional/behavioral disorder.

To participate, school and district leaders must be:

- Supervising a new paraeducator



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- Responsible for oversight of students who receive special education services for an emotional/behavioral disorder.

Exclusion Criteria (criteria which would disqualify an individual from participating in the study not simply the opposite of the inclusion criteria):

Participants who are experienced employees, who are not working with students with emotional/behavioral disorders, or who are not working in public schools are not eligible for participation.

**Commented [BNC1]:** IIRC, we were thinking to open scope beyond solely S-C rooms

**SECTION J: Recruitment**

**Provide a summary of the recruitment process, including who will recruit, when and where recruitment will occur, and how subjects will be identified.**

**Submit all recruitment materials (e.g. advertisements, brochures, flyers, letters/e-mails, scripts, etc.) as separate documents in either Word or PDF format.**

**Paraeducators:**

In participating districts, all paraeducators will be given access to the modules on their first full day of work. The beginning of the first module will present the study and give them an option to consent to the study (see attached). If they decline, they will still have full access to the modules and all embedded response opportunities, but their data will not be used for research.

If they consent, their responses to questions embedded in the modules will be used for research, as will their responses to survey questionnaire (see attached).

If they agree to be contacted for a follow-up interview, we will contact them up to three times, using their preferred mode of contact (email or phone; see attached scripts/email templates) to invite them to participate in an interview. If they do not respond after three contacts, we will assume they are declining and will cease contacting them. We will consent them orally at the beginning of the interview.

**Special educators, school leaders, & district leaders:**

A district leader will email all special educators, school leaders, and district leaders who are supervising eligible new paraeducators, cc-ing us on the email, to let them know about the study; we will provide them with the attached email template to do so. We will send these special educators up to three emails (attached) prompting them to complete the attached survey. If they do not respond after three emails, we will assume they are choosing not to participate.

**SECTION K: Consent and Assent**

Please refer to the [consent](#) and [assent](#) form templates on the [IRB website](#) when creating your materials. The templates include the required elements of consent/assent and will help to ensure that your materials meet federal regulations, IRB policies and best practices.

**Provide a summary of the consent process, including who will consent participants, when and where consent will occur. The summary should include, as appropriate, any waiting period between informing the prospective participant about the research and obtaining consent, such that the prospective participant or the legally authorized representative has**



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**sufficient opportunity to consider whether to participate, and steps taken to minimize coercion or undue influence.**

**Submit copies of all consent forms and scripts; materials should be submitted as separate documents in Word format.**

**Paraeducators:**

In participating districts, all paraeducators will be given access to the modules on their first full day of work. The beginning of the first module will present the study and give them an option to consent to the study (see attached). If they decline, they will still have full access to the modules and all embedded response opportunities, but their data will not be used for research.

If they consent, their responses to questions embedded in the modules will be used for research, as will their responses to survey questionnaire (see attached).

If they agree to be contacted for a follow-up interview, we will contact them up to three times, using their preferred mode of contact (email or phone; see attached scripts/email templates) to invite them to participate in an interview. If they do not respond after three contacts, we will assume they are declining and will cease contacting them. We will consent them orally at the beginning of the interview.

**Special educators, school leaders, & district leaders:**

A district leader will email all special educators, school leaders, and district leaders who are supervising eligible new paraeducators, cc-ing us on the email, to let them know about the study; we will provide them with the attached email template for communicating with them. We will send these special educators up to three emails (attached) prompting them to complete the attached survey. If they do not respond after three reminders, we will assume they are choosing not to participate. Consent will occur at the beginning of the survey (see attached).

**Indicate the consent and/or assent process and document(s) to be used in this study.**

Check all that apply:

<b>Consent: Adults (<math>\geq 18</math> years old); One of the following MUST apply</b>		<b>N/A <input type="checkbox"/></b>
<input type="checkbox"/>	Consent Form/Information Sheet	
<input checked="" type="checkbox"/>	Verbal Consent (Script) <b>Note:</b> If written consent will not be obtained, complete the 'Waiver of Written Documentation Consent' box (Box 1) located further down in this section	
<input checked="" type="checkbox"/>	Consent will not be obtained <b>Note:</b> If consent will not be obtained, complete the 'Waiver or Alteration of Consent' box (Box 2) located further down in this section	
<b>Assent of Children (<math>\leq 18</math> years old): One of the following MUST apply</b>		<b>N/A <input type="checkbox"/></b>
<input type="checkbox"/>	Assent Form or Parental Consent Form/Information Sheet (for older children who may sign with their parents using an age-appropriate form)	
<input type="checkbox"/>	Verbal Assent (Script)	



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<input type="checkbox"/>	Assent will not be obtained; one of the following conditions must exist: <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. The capability of some or all of the children is so limited that they cannot reasonably be consulted;</li> <li><input type="checkbox"/> 2. The children are too young to provide assent;</li> <li><input type="checkbox"/> 3. The intervention or procedure involved in the research holds out the prospect of direct benefit to the health or well-being of the children and is available only in the context of the research;</li> <li><input type="checkbox"/> 4. The research meets the same conditions as those for waiver or alteration of informed consent in research involving adults, as specified in the regulations at <a href="#">45 CFR 46.116(d)</a>*. Complete the 'Waiver or Alteration of Consent' box (Box 2) located further down in this section.</li> </ul>
<b>Parental Permission: One of the following MUST apply</b> <span style="float: right;">N/A <input type="checkbox"/></span>	
<input type="checkbox"/>	Parental Consent Form
<input type="checkbox"/>	Parental Verbal Consent (Script) If written consent will not be obtained, complete the 'Waiver of Written Documentation of Consent', Box 1, located further down in this section.
<input type="checkbox"/>	Parental permission will not be obtained; one of the following conditions must exist: <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. The research protocol is designed to study conditions in children or a subject population for which parental or guardian permission is not a reasonable requirement to protect the subjects (for example, neglected or abused children).</li> <li><input type="checkbox"/> 2. The research meets the same conditions as those for waiver or alteration of informed consent in research involving adults, as specified in the regulations at <a href="#">45 CFR 46.116(d)</a>*. <i>Note:</i> Complete the 'Waiver or Alteration of Consent', Box 2, located further down in this section.</li> </ul>
<b>Consent of Legally Authorized Representatives</b> <span style="float: right;">N/A <input type="checkbox"/></span>	
Describe the consent and/or assent process for enrolling legally authorized representatives and the assent process of those they represent (e.g. adults with limited decisional capacity to consent to research):	
Assent will be obtained from: <ul style="list-style-type: none"> <li><input type="checkbox"/> All Subjects</li> <li><input type="checkbox"/> Some participants, specify:</li> <li><input type="checkbox"/> No participants. If no participants will assent, provide a rationale:</li> </ul>	
List who will serve as LAR:	
<b>Consent of Non-English Speaking Subjects</b> <span style="float: right;">N/A <input checked="" type="checkbox"/></span>	
Describe the process for obtaining consent from non-English speaking subjects (a copy of the translated consent along with the <a href="#">Attestation Form for Translation of Consent</a> must be submitted).	
List who will serve as the interpreter and their qualifications:	



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<b>Box 1 - Waiver of Written Documentation of Consent</b> <span style="float: right;">N/A <input type="checkbox"/></span>		
<b>Criteria 1 or 2 must be met to qualify.</b>		
	<b>Yes</b>	<b>No</b>
<input type="checkbox"/> <b>Criteria 1</b>		
The research is <b>NOT</b> FDA Regulated	<input type="checkbox"/>	<input type="checkbox"/>
The only record linking the subject and the research would be the consent document	<input type="checkbox"/>	<input type="checkbox"/>
The principal risk would be potential harm resulting from a breach of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
Each subject will be asked whether the subject wants documentation linking the subject to the research and the subject's wishes will govern	<input type="checkbox"/>	<input type="checkbox"/>
A written statement/information sheet will be provided to subjects. <b>If NO</b> , provide rationale for not providing this information:	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>Criteria 2</b>		
The research is <b>NOT</b> FDA Regulated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The research presents no more than minimal risk of harm to subjects	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The research involves no procedures for which written consent is normally required outside of the research context	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A written statement/information sheet will be provided to subjects. <b>If NO</b> , provide rationale for not providing this information:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Criteria 3</b>		
The research is <b>NOT</b> FDA Regulated	<input type="checkbox"/>	<input type="checkbox"/>
The research presents no more than minimal risk of harm to subjects	<input type="checkbox"/>	<input type="checkbox"/>
The subjects or legally authorized representatives are members of a distinct cultural group or community in which signing forms is not the norm	<input type="checkbox"/>	<input type="checkbox"/>
There is an appropriate mechanism for documenting that informed consent was obtained	<input type="checkbox"/>	<input type="checkbox"/>
A written statement/information sheet will be provided to subjects. <b>If NO</b> , provide rationale for not providing this information:	<input type="checkbox"/>	<input type="checkbox"/>

<b>Box 2 – Waiver of Alteration of Consent</b> <span style="float: right;">N/A <input type="checkbox"/></span>		
<b>The IRB may approve a consent procedure which does not include, or which alters, some or all of the elements of informed consent or waive the requirements to obtain informed consent provided the IRB finds and documents ALL of the criteria listed below:</b>		
	<b>Yes</b>	<b>No</b>
The research is <b>NOT</b> FDA Regulated	<input type="checkbox"/>	<input type="checkbox"/>



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The research involves no more than minimal risk to the subjects;		
The waiver or alteration will not adversely affect the rights and welfare of the subjects;	<input type="checkbox"/>	<input type="checkbox"/>
The research could not practicably be carried out without the waiver or alteration;	<input type="checkbox"/>	<input type="checkbox"/>
If the research involves using identifiable private information or identifiable biospecimens, the research could not practicably be carried out without using such information or biospecimens in an identifiable format;	<input type="checkbox"/>	<input type="checkbox"/>
Whenever appropriate, the subjects will be provided with additional pertinent information after participation. <b>If NO</b> , provide rationale for not providing this information:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Provide the justification/rationale for why this study meets the above criteria for waiving or altering consent (REQUIRED):</b>		

<b>FDA Regulated Research</b>			N/A <input checked="" type="checkbox"/>
<b>The IRB may waive or alter informed consent requirements for certain minimal risk clinical investigations when the IRB finds and documents ALL of the criteria listed below.</b>			
	<b>Yes</b>	<b>No</b>	
The clinical investigation involves no more than minimal risk (as defined in 21 CFR 50.3(k) or 56.102(i)) to the subjects;	<input type="checkbox"/>	<input type="checkbox"/>	
The waiver or alteration will not adversely affect the rights and welfare of the subjects;	<input type="checkbox"/>	<input type="checkbox"/>	
The clinical investigation could not practicably be carried out without the waiver or alteration	<input type="checkbox"/>	<input type="checkbox"/>	
Whenever appropriate, the subjects will be provided with additional pertinent information after participation. <b>If NO</b> , provide rationale for not providing this information:	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Additional Comments:</b>			

**SECTION L: Study Procedures**

In the box below provide a detailed description of the study procedures to be performed (preferably in sequential order). Be sure to specify which procedures are for research purposes and which procedures are part of standard of care, if applicable. Be sure to include the following information:

- Methods of data collection
- Details regarding research activities/procedures/interventions
- Number, frequency, duration and types of subject contacts (visits, phone calls, internet surveys, mailings, etc.)
- Time required from each subject
- Use of equipment (eye-tracker, treadmill, sensors, etc.). Provide a brief description of equipment that will be used in the study.\*



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\*Note: The IRB may request more information about the equipment (including equipment manuals) and/or request that you submit [Appendix C: Device Form](#).

Submit copies of all surveys, interview questions, assessments, screening scripts, etc. that will be used during the conduct of this study; materials should be submitted as separate documents in either Word or PDF format.

**Paraeducators:**

In participating districts, all paraeducators will be required to complete the modules on their first full day of work. The beginning of the first module will present the study and give them an option to consent to the study (see attached). If they decline, they will still be required to complete the modules and all embedded response opportunities, but their data will not be used for research.

If they consent, their responses to questions embedded in the modules will be used for research, as will their responses to survey questionnaire (see attached). The survey will take approximately 10 minutes. At the end of the survey, a question will ask if they are willing to be contacted for an interview about the modules.

If they agree to be contacted for a follow-up interview, we will contact them up to three times, using their preferred mode of contact (email or phone; see attached scripts/email templates) to invite them to participate in an interview. If they do not respond after three contacts, we will assume they are declining and will cease contacting them. We will consent them orally at the beginning of the interview (see interview protocol). Interviews will take no more than 90 minutes, and will be conducted in a location of their choice (virtual or in person). We will use zoom to audio-record interviews.

**Special educators, school leaders, & district leaders:**

A district leader will email all special educators, school leaders, and district leaders who are supervising eligible new paraeducators, cc-ing us on the email, to let them know about the study; we will provide them with the attached email template for communicating with them. We will send these special educators up to three emails (attached) prompting them to complete the attached survey. If they do not respond after three reminders, we will assume they are choosing not to participate. Consent will occur at the beginning of the survey (see attached survey). The survey will take approximately 10 minutes to complete.

**SECTION M: Risks**

**Describe any expected risks to subjects. Consider physical, psychological, social, political, legal, economic, or other risks that are related to the study.**

The major risk to all participants is loss of anonymity, if their data became publicly identifiable. In addition, the interview could result in emotional distress or fatigue.

**Describe the plan to minimize risks. Include in the description the availability of any medical or psychological resources.**

To protect participants' confidentiality and minimize risks, the research team will take the following measures:



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- We will store identifiable data in a password protected BU dropbox account, to which only the research team has access. We will create pseudonyms for all participants; the file linking participants to their pseudonyms will be password protected and stored in a team BU dropbox folder (a separate folder from where the identifiable data are stored). All data will be de-identified for analysis.
- Researchers will not reveal participants' perspectives to any other participants. For example, we will not share special educators' opinions and experiences with their school administrators, nor will we share administrators' perspectives with the teachers in their school.

To prevent risk of emotional distress or fatigue, we will inform participants that they can halt the interview at any time, and we will halt it if we perceive them experiencing distress or fatigue.

**SECTION N: Benefits**

**Describe the potential benefits to subjects related to the study. State if there are no direct benefits. NOTE: Compensation and/or course credit are not considered benefits.**

There are no direct benefits for participation.

**Describe the potential benefits to society and/or others related to the study.**

Improving paraeducators' training is essential for improving educational experiences and outcomes for students with disabilities. Study findings will have implications for strengthening training experiences for paraeducators.

**SECTION O: Costs and Payments**

	Yes	No
Are there any costs to subjects as a result of participating in this study? If YES, provide a description of the costs:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will subjects be compensated for participating in the study? Compensation may include cash, checks, gift cards, lotteries, course credit, etc. Payments should be prorated to compensate subjects for time and procedures completed If YES, provide a description of the compensation: Participants will be provided a \$25 gift card for completing the survey and another \$25 gift card if they participate in interviews.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Will identifiable information be sent to Accounts Payable, Post Award Financial Operations, etc. for payment purposes? If YES, this information must be disclosed in the consent form.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**SECTION P: Confidentiality of Data**

For guidance on securing computers, please review the [InfoSec Safe Computing webpage](#).

	Yes	No
Are you using BU-managed computers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you using any non-BU managed computers (e.g. personal computer)? If yes, confirm that the non-BU managed computer(s) have the following:	<input type="checkbox"/>	<input type="checkbox"/>



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• A current and supported Operating System	<input type="checkbox"/>	<input type="checkbox"/>
• Malware Protection (e.g. Microsoft Defender, BU CrowdStrike – no cost)	<input type="checkbox"/>	<input type="checkbox"/>
• Encryption enabled (i.e. turned on)	<input type="checkbox"/>	<input type="checkbox"/>
• Automatic screen lock to password/code at 15 minutes or less	<input type="checkbox"/>	<input type="checkbox"/>

**Describe how data will be stored (e.g. paper, electronic database, etc.)**

We will store identifiable data in a password protected BU dropbox account, to which only the research team has access. We will create pseudonyms for all participants; the file linking participants to their pseudonyms will be password protected and stored in a team BU dropbox folder (a separate folder from where the identifiable data are stored). All data will be de-identified for analysis.

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will you collect identifiable information? (e.g. names, social security numbers, addresses, email addresses, telephone numbers, photo/video/voice etc.). <b>If YES</b> , complete the box below.

**Describe the coding system that will be used to protect the information including who will have access to the code.** Coding systems are used to: 1) protect the confidentiality of the research data and 2) allow the investigator to link subjects to their responses. Each subject is assigned a unique study ID at the beginning of the study. A separate document (key) should be maintained that links the names of the subjects to the study ID numbers.

Anonymized data (i.e., with pseudonyms for participants) will be stored electronically, in password protected BU dropbox folder that project staff will have access to.

The code file, which links participants' pseudonyms with their real names, will be stored in a password protected word document in a password-protected BU dropbox account to which only project staff have access.

YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will you share data with others outside of the study? <b>If YES</b> , complete the box below.

**Describe how data will be transferred and how confidentiality will be maintained (e.g. identifying information will not be sent outside, etc.):**

**Describe how you will maintain the confidentiality of the data (e.g. locked cabinet, password-protected files, encryption, etc.). Note:** Confidentiality refers to the researcher's agreement with the participant about how the subject's identifiable private information will be handled, managed, and disseminated.



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Anonymized data (i.e., with pseudonyms for participants) will be stored electronically, in password protected BU dropbox folder that project staff will have access to. The code file, which links participants' pseudonyms with their real names, will be stored in a password protected word document in a password-protected BU dropbox account to which only project staff have access.

Under the [BU Data Classification Policy](#), human subject data that is both health-related\* and personally identifiable (e.g., email address, phone number, picture or video recording of face) is classified as Restricted Use, while personally identifiable human subject data that is not health-related is classified as Confidential. Additionally, when direct identifiers are removed from personally identifiable human subject health data (i.e., identifiers are limited to dates, city, and Zip Code) the data is classified as Confidential. \*Health-related information is very broad, including stress or anxiety related to school, but does not typically include social engagement, decision making, number of texts sent per day, or educational practices, strategies, or effectiveness.

**Please identify where you will store Restricted Use data: for example, in BU REDCap; on a BU Restricted Use network drive; on a BU managed computer or server; on paper in a locked cabinet/office, or other services cleared for Restricted Use data by [BU Information Security](#).**

Identifiable data will be stored in a password protected BU dropbox folder, which all project staff at all sites (and only project staff) will have access to. Anonymized data (i.e., with pseudonyms for participants) will be stored in separate password protected BU dropbox that only project staff will have access to, and that is not linked to the folder with the identifiable data. The code file, which links participants' pseudonyms with their real names, will be stored in a password protected word document in a password-protected BU dropbox account to which only project staff have access. Note, we will be obtaining consent electronically (for surveys) or orally (for interviews), so no hard-copies of consent documents will require storage, and all study materials will be stored on BU dropbox only.

**Please identify where you will store Confidential data: for example, using a non-BU, third-party app but with anonymous accounts setup by research project; BU network drive; IS&T/Research Computing, Shared Computing Cluster 4 (SCC4); BU managed computer; or other services cleared for Confidential data by [BU Information Security](#).**

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YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Will subjects setup accounts (e.g., personal email address) for a non-BU, third-party app that is not listed on the <a href="#">BU Information Security</a> website?</b></p> <p>Note: BU Information Security needs to complete a security review before the research protocol is approved. Send an email to <a href="mailto:buinfosec@bu.edu">buinfosec@bu.edu</a> with the name of the vendor/app and an email address of someone at the vendor/app who can answer security questions.</p>

**If YES, please list the name(s) of the non-BU, third party apps:**

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**SECTION Q: Certificate of Confidentiality**

In 2017 the NIH updated its policy for issuing [Certificates of Confidentiality](#). Under the policy, all **eligible** research studies funded by the NIH are automatically issued a certificate of confidentiality. Investigators whose research is not funded or supported by the NIH may request and obtain from the NIH a Certificate of Confidentiality. Investigators who request and receive Certificates must follow the NIH and PHS policies governing such certifications.

YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is your research funded by the NIH and eligible for a Certificate of Confidentiality?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	If your research is not funded by the NIH, will you be applying for a Certificate of Confidentiality?

**SECTION R: Privacy**

**Describe how you will protect the privacy of subjects (e.g. where will consent procedures take place, if interviews or other interventions, where will these procedures take place)**

Interview data collection will take place in a place in a location chosen by participants, with an option for virtual participation on on zoom. Participants can choose to join zoom from a location where they feel comfortable being open. Researchers will host the zoom call from a private location (e.g., a private office).

**SECTION S: Monitoring Study Data**

**Indicate how data will be monitored.**

The Data and Safety Monitoring Plan should be tailored to the nature, size, and complexity of the research protocol, the expected risks of the research, and the type of subject population being studied.

<input checked="" type="checkbox"/>	Principal Investigator
<input type="checkbox"/>	Monitor/Monitoring Group
<input type="checkbox"/>	Data and Safety Monitoring Board (DSMB) The DSMB Charter must be submitted with this Application. For more information regarding a DSMB, please refer to the <a href="#">NIH website</a> .

**Describe the plan for monitoring study data. This should include a description of how data will be collected and analyzed as the project progresses to assure the appropriateness of the research, its design, and subject protections.**

Identifiable data (i.e., audio-records of interviews) will be stored in a password protected BU dropbox folder, that only project staff will have access to.

Anonymized data (i.e., with pseudonyms for participants) will be stored in password protected BU dropbox that only project staff will have access to, and that is not linked to the folder with the identifiable data.



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The code file, which links participants' pseudonyms with their real names, will be stored in a password protected word document in a password-protected BU dropbox account to which only project staff have access. The code file and identifiable data will be destroyed when the study is complete.

The PI will monitor data access and use, to ensure data are not removed from the password protected folders, and to ensure participants' privacy will be respected throughout analysis. Collaborative data analysis will be conducted in an office at BU, with the door closed, to ensure participants' anonymity throughout analytic discussions.

**SECTION T: Health Insurance Portability and Accountability Act/HIPAA**

YES*	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is this research being conducted in a covered entity? The following BU CRC Departments are considered covered entities: <ul style="list-style-type: none"> <li>• Sargent College Rehabilitation Services               <ul style="list-style-type: none"> <li>○ Physical Therapy Center at the Ryan Center for Sports Medicine and Rehabilitation</li> <li>○ Sargent Choice Nutrition Center</li> </ul> </li> <li>• The Danielsen Institute</li> <li>• Boston University Health Plan</li> </ul> *If YES, contact the IRB office for assistance.

**SECTION U: Family Educational Rights and Privacy Act (FERPA)**

FERPA is the federal law that protects the privacy of student education records. Research funded by the Department of Education or research conducted in educational institutions that receive funds from the Department of Education (for research or other purposes) must comply with FERPA.

YES*	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does this study involve collection of information from student school/university records? *If YES, refer to the following websites for guidance on FERPA: <ul style="list-style-type: none"> <li>• <a href="http://www.bu.edu/reg/general-information/ferpa/">http://www.bu.edu/reg/general-information/ferpa/</a></li> <li>• <a href="http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html">http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html</a></li> </ul> <b>If FERPA applies, you must complete the box below:</b>
<b>In accordance with FERPA, written consent must be obtained to access student records. The consent must: specify the records that may be disclosed, state the purpose of the disclosure and identify the person or class of parties to whom the disclosure can be made.</b>		
<input checked="" type="checkbox"/>	<b>YES (REQUIRED)</b>	I confirm that I will comply with the FERPA policy that is in place at the educational institution where I am conducting my research. This includes, if applicable, the requirements for written agreement when requesting a waiver of consent for personally identifiable information. <b>If an agreement is required, this agreement must be submitted to the IRB.</b>



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**SECTION V: Protection of Pupil Rights Amendment (PPRA):**

PPRA is a federal law that affords certain rights to parents of minor students regarding surveys that ask questions of a personal nature. Research funded by the Department of Education or research conducted in educational institutions that receive funds (for research or other purposes) from the Department of Education must comply with the PPRA.

YES*	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does PPRA apply to this study? If YES, refer to the following website for guidance: <a href="https://studentprivacy.ed.gov/resources/protection-pupil-rights-amendment-ppra-general-guidance">https://studentprivacy.ed.gov/resources/protection-pupil-rights-amendment-ppra-general-guidance</a> <b>If PPRA applies, you must complete the box below:</b>
In accordance with PPRA, written parental consent must be obtained prior to subject's participation in the study.		
<input type="checkbox"/>	<b>(REQUIRED)</b>	I confirm that I will comply with the PPRA policy that is in place at the educational institution where I am conducting my research.

**Section W: Clinical Trial Registration**

The Food Drug and Administration Amendments Act (known as FDAAA 801) requires that “applicable clinical trials” be registered and have results reported on clinicaltrials.gov. In addition, the International Committee of Medical Journal Editors (ICJME) and the National Institutes of Health (NIH) also have requirements for registration. Please see box below to determine if your study requires registration in accordance with either FDAAA 801, ICJME, or NIH.

YES	NO	FDAAA 801 Requirements
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does your study meet the definition of an applicable clinical trial (ACT) and require registration <b>AND</b> results submission in accordance with FDAAA 801? ACTs include: <ul style="list-style-type: none"> <li>• Trials of drugs and biologics: Controlled clinical investigations, other than phase 1 clinical investigations, of drugs or biological products subject to Food and Drug Administration (FDA) regulation</li> <li>• Trials of devices (<a href="#">see note</a>): 1) Controlled trials with health outcomes of devices subject to FDA regulation, other than small feasibility studies, and 2) <a href="#">pediatric post-market surveillance</a> required by FDA</li> </ul> <p><b>Note:</b> If your study meets the <a href="#">requirement</a> for registration and reporting, you must submit the National Clinical Trial (NCT) Identifier # to the IRB prior to IRB approval. NCT #:</p>
YES	NO	ICMJE Requirements
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does your study meet the definition of a clinical trial and require registration in accordance with <a href="#">ICMJE</a> ? <p><b>Note:</b> If your study meets the requirement for registration, you must submit the National Clinical Trial (NCT) Identifier # to the IRB prior to IRB approval. NCT #:</p>
YES	NO	NIH Requirements
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does your study meet the definition of an applicable clinical trial and require registration <b>AND</b> results submission in accordance with NIH?



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		For more information on this policy please refer to: <ul style="list-style-type: none"> <li>• <a href="#">NIH Policy on the Dissemination of NIH-Funded Clinical Trial Information</a></li> <li>• <a href="#">Checklist for Evaluating Whether a Clinical Trial or Study is an Applicable Clinical Trial</a></li> </ul> <p><b>Note:</b> If your study meets the requirement for registration and reporting, you must submit the National Clinical Trial (NCT) Identifier # to the IRB prior to IRB approval. NCT #:</p>
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**Certification / Signatures**

- By submitting this protocol I attest to the fact that all research activities to be implemented related to human subjects have been completely and accurately described herein.
- I agree to conduct the describe research in an ethical manner.
- I agree to comply with all institutional policies and procedures related to human subjects research and will not begin any human subjects research activities until I have obtained full approval from the IRB.
- I agree to conduct the research as described in this protocol and not to make any changes (except to eliminate immediate harm to subjects) without first obtaining approval for the changes from the IRB.
- I agree to immediately report any unanticipated problems involving risks to subjects or others, any subject complaints, and any incidents of non-compliance with the requirements of this protocol as soon as I become aware of them.
- I agree to comply with any relevant HIPAA and FERPA regulations if applicable.
- I verify that all those responsible for the design, conduct, or reporting of the proposed program, including at minimum, all Senior/key personnel in the grant application, have completed the financial conflict of interest disclosures and completed training as required by University [Policy](#).

Principal Investigator Signature:

Date: June 14, 2024

**FACULTY Research:**

**The Department Chair signature is required:** This application must be signed by the Department Chair for all faculty researchers. If the PI is the Department Chair, then signature by the appropriate Dean is required. Department Chair signature is not required for student research.

**By signing this form you are indicating that you have reviewed the application, the faculty/staff person listed as PI on this protocol is a member of your department, that they are qualified to serve as the PI for this study, that they have the adequate resources, and the research utilizes acceptable practice for the discipline.**

Department Chair Printed Name:    enter text



<b>IRB Office use only</b> <b>Date submitted:</b> <b>Protocol #:</b>
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Department Chair Signature:   
Date:

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### STUDENT Research

**Student research:** Student research must be signed by the faculty advisor AND the designated School IRB pre-reviewer (if applicable) PRIOR TO submission to the IRB. Students should check with their School to determine if School IRB pre-review is required. Students must submit a copy of their dissertation with the IRB Application

By signing this form, you are indicating that you have reviewed the application, that you agree to serve as the Co-PI for this study with the student and that you will be responsible for the ethical conduct of this student's human subjects research.

Faculty Advisor Printed Name:

Faculty Advisor Signature:  Date:

School Review Name, if applicable:

School Reviewer Signature:  Date:

**Submission:** Electronic signatures are acceptable, as are emails confirming the certification information. This form can be completed, signed, scanned and submitted to the IRB at [irb@bu.edu](mailto:irb@bu.edu). Faxed documents and handwritten materials are not accepted. Be sure to include all relevant attachments.

# Project ONBOARD Paraeducator Training Modules

A research team at Boston University and the University of Florida is conducting research on the Project ONBOARD Paraeducator Training Modules.

Participation in this study is **completely voluntary**.

- **If you choose to participate:**
  - The research team will give you a **\$25 gift card** to Amazon or Target, to thank you for your time.
  - You will take a brief survey (approximately 10 minutes) about the modules.
  - The main risk is a potential loss of privacy. The research team will protect your privacy by labeling your information with a code and keeping the key to the code in a password protected file. For the purposes of quality improvement and safety, the Boston University Institutional Review Board may review your study records.
  - Your responses will be held strictly confidential. No one in your district will have access to your data.
- **If you choose not to participate:**
  - Your paraeducators will still have access to all aspects of the modules.
  - There is no penalty for choosing not to participate.

If you have any questions about the research study, please contact Elizabeth Bettini, study director, at [lbettini@bu.edu](mailto:lbettini@bu.edu). If you have questions about your rights as a research subject or want to speak with someone independent of the research team, you may contact the Boston University IRB directly at 617-358-6115. The IRB Office webpage has information where you can learn more about being a participant in research, and you can also complete a Participant Feedback Survey.

Please indicate below if you do or do not consent to participate in the study:

I DO consent to participate in the research study.

I DO NOT consent to participate in the research study.

If you consented, please share your email and phone number so that the researchers can give you your \$25 gift card.

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1. What is your current position?
    - a. Special education teacher
    - b. School leader

- c. District leader
  - d. Other: [please specify: ]
2. How long have you:
    - a. Worked in education?
    - b. Worked in your current school?
    - c. Worked in your current district?
  3. What is the highest degree you have earned?
    - a. Associate's degree
    - b. Bachelor's degree (B.A., B.S., etc.)
    - c. Master's degree (M.A., M.A.T., M.B.A., M.Ed., M.S., etc.)
    - d. Educational specialist or professional diploma (at least one year beyond master's level)
    - e. Doctorate or first professional degree (Ph.D., Ed.D., M.D., L.L.B., J.D., D.D.S.)
    - f. Do not have a degree
  4. Of the following options, please select the race/ethnicities that best reflect your identity. (select all that apply)
    - a. Black or African American
    - b. White or Caucasian
    - c. Asian American or Asian
    - d. Hawaiian or Pacific Islander
    - e. Latino/a, Chicano/a, or Hispanic
    - f. Middle Eastern or North African
    - g. Native American or American Indian
  5. Do you identify as a person of color?
    - a. Yes
    - b. No
    - c. Prefer not to answer
  6. If you would like to provide any additional information about racial or ethnic identity, please do so here. [open response]
  7. Do you identify as having a disability, being neurodivergent, or having a mental health problem?
    - a. Yes
    - b. No
    - c. Prefer not to answer
  8. If you would like to provide any additional information about your disability, neurodivergence, or mental health problem, please do so here. [open response]
  9. Please select the option that best represents your gender identity
    - a. Male
    - b. Female
    - c. Non-Binary
    - d. Other
    - e. Prefer not to respond
  10. Do you identify as trans?
    - a. Yes
    - b. No
    - c. Prefer not to respond
  11. Do you identify as a member of the LGBTQIA+ community?
    - a. Yes
    - b. No

- c. Prefer not to respond
12. If you would like to provide additional information about your gender or sexual identity, please do so here. [open response]
13. How would you describe your current school community?
- a. Urban
  - b. Suburban
  - c. Rural
14. Approximately what proportion of students in your school receive free-and-reduced price meals? [open, constrained numeric]
15. Is your school a Title 1 school? [yes/no]
16. Estimate approximately what proportion of **students** in your school identify with the following racial/ethnic identities.
- a. Black or African American
  - b. White or Caucasian
  - c. Asian American or Asian
  - d. Hawaiian or Pacific Islander
  - e. Latino/a, Chicano/a, or Hispanic
  - f. Middle Eastern or North African
  - g. Native American or American Indian

[SKIP LOGIC – Q 17-19 asked only if they report that they are a special education teacher]

17. Where does the majority of your instruction take place?
- a. A general education classroom (e.g., co-teaching, push-in instruction)
  - b. Resource room or pull-out
  - c. Self-contained special education setting
18. How many of your students receive services **primarily** under the following disability labels?
- a. Learning Disabilities
  - b. Speech and Language Impairment
  - c. Autism Spectrum Disorders
  - d. Other Health Impairment
  - e. Intellectual Disabilities
  - f. Developmental Disabilities
  - g. Emotional Disturbance (also known as Emotional Impairment or Emotional/Behavioral Disorders)
  - h. Orthopedic Impairment
  - i. Traumatic Brain Injury
  - j. Blind or Visually Impaired
  - k. Deaf or Hard of Hearing
  - l. Deaf Blindness
  - m. Multiple Disabilities
19. Approximately what percentage of your students have behavioral IEP goals?

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This year, new paraeducators working with students with emotional/behavioral disorders have been given Project ONBOARD modules to complete when they began working, to help them learn about their jobs.

How many of the paraeducators you work with have completed the modules?

Please indicate the extent to which you **agree** or **disagree** with the following statements about these modules.

	Strongly disagree (1)	Disagree (2)	Slightly Disagree (3)	Slightly Agree (4)	Agree (5)	Strongly Agree (6)
1. I am familiar with the modules.	<input type="radio"/>					
2. I am familiar with the <b>content</b> of the modules.	<input type="radio"/>					

Please consider the Project ONBOARD modules when responding to the following statements. Please select the response that best reflects your agreement with the statement.

	Strongly disagree (1)	Disagree (2)	Slightly Disagree (3)	Slightly Agree (4)	Agree (5)	Strongly Agree (6)
1. These modules are an effective way to support paraeducators' skills.	<input type="radio"/>					
2. I would need additional resources to implement these modules.	<input type="radio"/>					
3. We can allocate time to implement these modules	<input type="radio"/>					

for paraeducators.

4. I understand how to use these modules.

5. The modules are a fair way to enhance paraeducators' skills.

6. The time required to use the modules is manageable.

7. I am interested in having access to the modules.

8. My district is supportive of our use of these modules.

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Please consider the Project ONBOARD modules when responding to the following statements. Please select the response that best reflects your agreement with the statement.

	Strongly disagree (1)	Disagree (2)	Slightly Disagree (3)	Slightly Agree (4)	Agree (5)	Strongly Agree (6)
9. I feel positively about using these modules.	<input type="radio"/>					
10. Preparation for using the modules is minimal.	<input type="radio"/>					

11. Use of these modules is consistent with the mission of my school.

12. The modules' content matches the realities of the job.

13. Technological resources needed for the modules are reasonable.

14. The module content is too complex to carry out accurately.

15. The modules' content is consistent with the way things are done in my school.

Please consider the Project ONBOARD modules when responding to the following statements. Please select the response that best reflects your agreement with the statement.

	Strongly disagree (1)	Disagree (2)	Slightly Disagree (3)	Slightly Agree (4)	Agree (5)	Strongly Agree (6)
18. I am committed to helping paraeducators complete the	<input type="radio"/>					

modules.

19. The module content fits in easily with my current practices.

20. I would need additional support to implement the lessons from the modules.

21. The modules made the content easy to understand.

22. My work environment is conducive to implementing the modules as part of training.

23. The amount of time for to complete the modules is reasonable.

24. Paraeducators would require additional professional development in order to successfully implement the key concepts from the modules.

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Is there anything you would like to add or clarify for your responses above?

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