



Confidential Data Change Request

This form is to be used when requesting revisions to an already approved Confidential Data Request Application.

Please note the following:

- Most changes to your application require an explanation of the need or supplemental documentation. Failure to fully complete the corresponding sections of your change request will result in a rejection of the request.
- As with the initial application, completing this form does not guarantee data availability if you are requesting addition data.
- If you are requesting additional data you <u>must</u> detail:
 - (1) how this request relates to the project's research questions,
 - (2) why this modification has been deemed necessary,
 - (3) how your findings may contribute to the priorities of MDE and/or CEPI

Please include the application ID assigned to your project (noted on approval letter if you are not sure of the ID).

Email this form and any attachments to: MDE-Research@michigan.gov

For assistance in drafting your application or for further information on FERPA or MDE and CEPI policies on data sharing please see MDE-CEPI Research Collaborative Confidential Data Request Application Instructions.

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Confidential Data Change Request

Application ID: _____

Date of Application:

Email this form and any attachments to: MDE-Research@michigan.gov

PI Statement of Acknowledgment:

As the principal investigator (PI), I agree to the following changes to my approved study and:

- Will be responsible for ensuring that added investigators adhere to the requestor requirements/policies. If violated, the result could be a data loss to the investigators and/or sponsor for five years and will be reported to state or federal authorities for action under appropriate regulations or statues as required.
- Understand that the Research Collaborative Internal Review Board must review this form and render a decision before any of these changes come into effect.

PI Name:				

Signature: _____ Date: _____

Change Request Categories

Please select the section(s) and complete all necessary information/documentation:

□ Update PI Contact Information

Name:				
Title:				
Organization:				
Address:	_ City:		State:	Zip:
Email:		_ Phone:		

□ Add/Change Funding Source

Please detail the change to your currently listed funding source or the additional funding source.

□ Add New Research Question(s)/Hypotheses

A. The new research question(s)/hypotheses are:

(1) _	
(2)	
· · · -	
(3) _	

B. Summarize how the study lends itself to the new research question(s)/hypotheses listed above. Attach additional sheets if necessary.

□ Extend Data Loan Period

A. New End Date: _____

B. Please summarize why this extension is needed. Attached additional sheets if necessary. *Note:* If your institution IRB is dated to expire before the extended loan period you will be required to provide a new IRB letter reflecting an updated expiration date.

□ FERPA Exception:

A. Research projects which require individual student level data must meet a FERPA exception in order for student data to be disclosed without prior parental consent. For further information on FERPA and the exceptions please see the Application Instructions, Appendix B.

Indicate which FERPA exception the application meets (select one):

Audit or evaluation for, or on behalf of an educational agency, for the purpose of:

□ Auditing or evaluating a Federal or State-supported education program;

□ Enforcing or complying with Federal legal requirements related to those programs.

Studies for the purpose of:

Developing, validating, or administering predictive tests

□ Administering student aid programs

 \Box Improving instruction

Other:

□ Educator individual level data only

□ This is a change in the FERPA exception for this research project. (Check box if a change is being requested.)

B. Please provide a detailed description that clearly specifies how the request fits into the FERPA exception or "other" category selected above. Please see Application Instructions, Appendix B

□ Add Investigator(s)

Contact information and signatures must be obtained for all investigators participating in the proposed research study.

Note:

- All investigators <u>must</u> also sign and submit the Data Confidentiality & Security Agreement Form as well as submit proof of FERPA certification with this request.
 - If your institution does not provide FERPA training go to the link below, enroll in, and complete the free FERPA course listed on the page. It should take no longer than 1 hour to complete. <u>http://www.learnport.org/Compliance-Courses/FERPA-HIPAA</u>
- Investigators from institutions not already included within the approved application will be required to submit supporting IRB and FERPA documentation required on the original application.

Name:			
	□ Secondary Investigator		🗆 Data Manager
Affiliation:			
Email:			
	□ Secondary Investigator		🗆 Data Manager
Affiliation:		_Title:	
Email:			
Name:			
	□ Secondary Investigator		🗆 Data Manager
Affiliation:		_Title:	
Email:			
Name:			
Role: 🗆 Co-PI	□ Secondary Investigator	□ Project Coordinator	🗆 Data Manager
Affiliation:		_Title:	
Email:			

□ Remove Investigator(s)

Name:							
	Role: 🗆 Co-PI	□ Secondary Investigator	Project Coordinator	🗆 Data Manager			
	Affiliation:		_Title:				
Na	Name:						
	Role: 🗆 Co-PI	□ Secondary Investigator	Project Coordinator	🗆 Data Manager			
	Affiliation:		_Title:				
Name:							
	Role: 🗆 Co-PI	□ Secondary Investigator	Project Coordinator	🗆 Data Manager			
	Affiliation:		_Title:				

□ Modify Plans for Dissemination

Please detail the additional or modified plans for dissemination. Any results must be shared with the MDE-CEPI Research Collaborative <u>30 days prior to submission</u> of any form of data dissemination (reports, manuscripts, presentations, etc.) and receive approval from the MDE-CEPI Research Collaborative prior to dissemination.

Note: The 30 day submission is prior to initiating a dissemination process, meaning prior to submitting a report, manuscript, presentation to a given entity (conference, journal, etc.). Though not typically requested, in the event that the Committee requests revisions to any reports, manuscripts, presentations, etc. designated for publication/release, the applicant(s) <u>must</u> comply with the request and provide proof of the compliance.

□ Modify Data Needs and/or Methodology

Please summarize the modified data needs and/or methodology. Please include a justification for the requested amendment to your original application and detail (1) how this request relates to the project's research questions, (2) why this modification has been deemed necessary, and (3) how your findings may contribute to the priorities of MDE and/or CEPI. Attach additional sheets as necessary. Depending on the change, a new IRB approval from your institution may be required. Please attached the approval letter if required.

□ Modify Data Management Plan

Please detail the modification to your security protocol. *Note:* All modifications to the plan must adhere to FERPA regulations

□ Other

Please detail any additional requested changes and include a justification for the modification(s).

Data Confidentiality & Security Agreement Form

<u>All</u> research study investigators who will have access to the confidential data requested in the *Confidential Data Request Application* must sign this form and submit it with the Application.

I ______, as a research study investigator, agree to receive confidential data from the Michigan Department of Education (MDE) and/or the Center for Educational Performance and Information (CEPI), and to observe the following security provisions in transferring, storing, analyzing and reporting of the data.

- 1. Policy for data storage
 - a. The location of *all copies* of the data must be carefully tracked.
 - b. The data must be stored where *only* the Confidential Data Request Application designated investigator(s) may access the data.
 - c. Data files *must* remain secure throughout the duration of data storage. All data in storage and in transit must adhere to 128-bit encryption.
- 2. Policy for data usage
 - a. Data may be accessed *only* by the Confidential Data Request Application designated investigator(s).
 - b. Data *may not* be shared with any other individuals outside those designated as the investigator(s) in the Confidential Data Request Application.
 - c. Data may be used *only* for analyses that respect privacy and confidentiality of all concerned parties including students, teachers, classrooms, schools, districts, intermediate school districts and the State of Michigan.
 - d. Data may *only* be used for the purposes of answering the research questions and/or hypotheses presented in the Confidential Data Request Application.
 - e. Publicly available discussions, presentations and reports based upon the confidential data *may not* include information that would make it possible to identify a student, teacher, classroom, school, district, intermediate school district or the State of Michigan unless specific permission has been granted in writing to do so.
 - f. Internal discussions and reports should protect the privacy, anonymity and confidentiality of all concerned parties if there is any reasonable possibility that the internal document may become publicly available.
 - g. Internal documents that contain any identifying information must clearly be marked "confidential—for internal use only".
 - h. Investigators will adhere to the Family Educational Rights and Privacy Act (FERPA) at all times.
- 3. Policy for data disposal and reporting of results
 - a. The data *must* be destroyed in accordance with the date designated for destruction in the signed Confidential Data Request Application.
 - b. If an extension on the data destruction deadline is needed, the Research Collaborative Internal Review Board *must* be contacted, in writing, to approve an extension.
 - c. A certificate of destruction must be sent via US mail to the Research Collaborative Internal Review Board on the date of the data loan expiration.
 - d. The preliminary or final study results must be submitted at least 30 days prior to any public release.

Signature of Principal Investigator

Date

Email and Phone Number