



DEPARTMENT OF EDUCATION
Region X- Northern Mindanao
DIVISION OF MALAYBALAY CITY

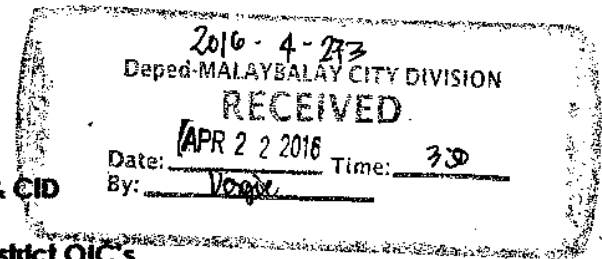
Sayre Highway P-6, Casisang, Malaybalay City

Website: depedmalaybalay.net email: depedmalaybalay@gmail.com


Tel: (088) 221 - 4597 / Telefax: (088) 813 - 2894



DIVISION MEMORANDUM
No. 188 s. 2016



TO: **Chief Education Supervisors, SGOD & CID**
Education Program Supervisors
Public Schools District Supervisors/District OIC's
Senior Education Program Specialists/Education Program Specialist II
Public Elementary and Secondary School Heads
Unit/Section Heads
All Other Concerned
This Division

FROM: 
EDILBERTO L. OPLENARIA, CESO VI
Schools Division Superintendent

DATE: April 20, 2016

SUBJECT: **GUIDELINES IN THE SUBMISSION OF FINAL CI-BASED ACTION RESEARCH PAPERS**

1. All action researchers in the field are directed to observe strictly the **research ethics** prior to the conduct of school and community action researches effective this school year 2016-2017.
2. Researchers are further advised and reminded to attach the Approval Sheets in the final paper upon submission which contained two (2) forms: (1) Approval Forms (Proposal and Final) and (2) Informed Consent Form/s (please see attached sample ICF Form).
3. Parents/guardians permit are required to those respondents below 18 years old.
4. For information, guidance and strict compliance.



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APPROVAL FORM

This Continuous Improvement (CI)-Based action research, entitled
"_____", prepared and submitted by
_____ has been examined and recommended for
acceptance and approval.

School Research Coordinator

Adviser (School Head)

Public Schools District Supervisor

DIVISION ACTION RESEARCH COMMITTEE

Approved by the Division Action Research Committee.

ELLEN N. DELANTE, EdD
Member

ANALY L. OCIER
Member

ROSIE A. SALUPADO
Member

PURISIMA J. YAP
Co-Chair

ROSALIO P. ARANGCO
Chair

Accepted and Approved:

EDILBERTO L. OPLENARIA, CESO VI
Schools Division Superintendent



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INFORMED CONSENT FORM (SAMPLE)

PART I. INFORMATION SHEET

- Title of CI-Based Action Research : _____
- Name of Author and co-authors (if any) : _____
- Designation, address and contact number of the Researcher(s):

- Introduction
 - State briefly who you are and that you are inviting them to participate in research which you are doing._____

- Aims of the Study
 - Use local and simplified words rather than scientific terms._____

- Participant Selection
 - Indicate why you have chosen this person to participate in this research_____

- Voluntary Participation
 - Indicate clearly that they can choose to participate or not._____

PART II. CERTIFICATE OF CONSENT

Please put check
inside the box

1. I confirm that I have fully understood the information given to me by the researcher/s for the above study and I have had the opportunity to ask questions to the researcher/s.
2. I understand that my participation in this study is voluntary and that I am free to withdraw at any time without prejudice.

3. I agree to take part in the above study.

4. I agree to the interview/ focus group discussion/ consultation being **audio recorded** (if not, omit this item).

5. I agree to the interview/ focus group discussion/ consultation being **video recorded** (if not, omit this item).

6. I understand that while information gained during the study may be published, I will not be identified and my personal results will remain **CONFIDENTIAL**.

_____ Name of Participant	_____ Date	_____ Signature
_____ Name of Researcher	_____ Date	_____ Signature

If interviewed pupils/students, consider the parents' presence and consent:

_____ Name of Parent/Guardian	_____ Date	_____ Signature
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Note:

1. ***The signed consent forms shall be stored securely by the CI-Based Action Researcher/s. Append one (1) sample copy of used consent form in the final paper.***
2. ***If researcher/s will conduct interview with pupils/students below 18 years old, the language used shall be at the level appropriate to the child's age and development.***