

APPLICATION TO CONDUCT RESEARCH

1. PERSONAL INFORMATION

Name of person conducting research: _____

Mailing Address: _____

Email Address: _____

Contact Phone Number: _____

Research Project Title: _____

2. DESCRIPTION OF STUDY INCLUDING GOALS AND PURPOSE:

3. DATA COLLECTION ACTIVITIES:

4. TYPES OF DATA COLLECTION: For each instrument listed in the previous question, please complete the table below (use additional sheets if necessary).

Type of data collection instrument (written survey for example)	Person(s) receiving the instrument	Timeframe for distributing the instrument (month, day)

5. PARTIES INVOLVED: Please complete the table below indicating who will be involved in your proposed data collection activities and their role during the project. Use a separate line of information for each school or grade level of type of person (use additional sheets if necessary).

School (s) involved	Grade Levels	Type of persons involved (students, teachers, principals, etc.)	Role	Number of persons involved	Amount of time per person

6. Do you plan to obtain parent permission to collect information on student(s) involved in the study? (If yes, please attach sample)

Yes No

7. Describe who the results will be distributed to and in what format, what the expected use of the results will be, and how you will share the information with the District.

8. Will you need to use school district facilities to complete your research study?

Yes No

If yes:

1. What facilities will you need?
2. When will you need to use these facilities?
3. Why do you need to use these facilities?

If yes, you will need to complete the Use of Facilities Form per Policy 707. (Found on District Website under Departments then Business & Finance)

9. Will you require access to student records? If yes, describe what information is required and for what years.

Yes

No

10. HUMAN SUBJECTS REVIEW COMMITTEE:

Attach a copy of the Human Subject Approval/Internal Review Board Acceptance or Exemption.

11. SCHOOL DISTRICT BENEFITS and STRATEGIC PLAN CONNECTION (view Strategic Plan on the District Website):

12. CONFIDENTIALITY/COMPLIANCE WITH FEDERAL REGULATIONS (FERPA, HIPAA, PPRA)

13. FUNDING AGENCY

If approval is received, I agree to conduct this research study in conformance with district administrative regulations as well as procedures outlined by federal and state statutes and regulations that relate to student information release, data collection, and use of human subjects. I further agree to provide the school district with a copy of the final report and an executive summary.

Signature of person applying to conduct research

Date

IN ADDITION TO THE COMPLETION OF THIS APPLICATION, THE FOLLOWING ITEMS MUST BE INCLUDED IN THE APPLICATION PACKET:

1. Copies of informed consent forms for teachers, staff, or other adult interviews or questionnaires.
2. Parental permission slips, including informed consent language (e.g., voluntary participation, no penalty for not participating) for student interviews and surveys.
3. Human Subjects Review Committee/Internal Review Board approval or exemption.
4. Final copies of surveys or data collection instruments.

Internal Office Use:

Approved _____

Approved with Conditions: _____

Disapproved _____

Reason: _____