

APPLICATION TO CONDUCT RESEARCH

The District will base its decision whether to approve the study on information provided in this application. The researcher shall provide all requested information on this form. If more space is needed to answer any items, please attach additional sheets.

Name of Researcher:		Date:			
Title:		Office Phone:			
Mailing Address:		FAX Number:			
		Home Phone:			
Title of Study:					
Purpose of Study:					
Please describe the ways in which Adams 12 Five Star Schools would directly benefit from your study:					
Is this study legally mandated?					
If so, by what agency or authority? (<i>be specific</i>)					
Approximate dates of data collection: (dates) From: _____ To: _____					
Expected completion date of final report:					
Please list the schools in which the study, if approved, will be conducted:					
Please indicate the number of participants and the approximate amount of time which would be required of each participant:					
	Students (by grade)	Teachers (by grade)	Principals	Parents	Other (specify)
Number of Participants					
Time per Participant					
Describe the specific procedure to be used to select participants:					

Describe the instruments, forms, questionnaires, or tests to be used to collect data and explain how those instruments relate to the study.
Who will be responsible for administering tests or questionnaires?
<u>Study Design:</u> What question does your study seek to answer? How will the data be physically tabulated?
List the facilities at each school that you will need; e.g. tables, chairs, rooms.
How will parent permission, if necessary, be obtained? (Attach a copy of letter to parents.)
How will you report the results of the study and to whom? When?

To each of the copies of this application, attach the following:

- a copy of all questionnaires, forms, tests, and communications which will be distributed to participants.
- a parent permission form, if necessary.
- a brief summary of your research proposal or dissertation.

Statement of Researcher:

In submitting this application, I assure Adams 12 Five Star Schools that I will conduct the research in all respects according to the conditions under which this application may be approved, including District policy on educational research. In compliance with the Family Education Rights and Privacy Act of 1974, I assure the District that identifiable data collected for this study will be kept confidential. Upon completion of this research, I will provide the Chief Academic Officer with one copy and an abstract of my final report.

Principal Investigator

Date

Sponsor/Advisor (if applicable)

Date

District Decision:

Approved **Tentative Approval** **Denied**

Chief Academic Officer

Date