



APPLICATION TO CONDUCT RESEARCH

Department of Assessment, Accountability and Research

For Office Use Only

Application Number: _____

Date Received: _____

Application submission date: _____	Proposed research start date: _____
Proposed research completion date: _____ (Note: Contact with schools must be completed by April 15 th).	Is this a ____single year study or ____multi-year study?
Title of proposed research:	

I. Primary Investigator	
Name:	Are you a PCS employee? ____ Yes ____ No
Professional Position/Title:	
Organization/Affiliation:	
Address:	
Email:	
Phone:	Fax:

Note: Research organizations acting as an evaluator for FLDOE or USDOE are required to submit evidence in the form of a letter documenting their affiliation with the state or federal government.

II. Previous Research in Pinellas County Schools	
Have you, the Primary Investigator, conducted or been associated with any previous research in the district? ____ Yes ____ No	
If yes, please fill in the information below. (If you have been involved in multiple research projects in the district, please use the most recent project).	
Title of research:	
Sponsor:	
Submission date: _____	Status of research: _____

III. Sponsor* of this Research Application		
Name:		
Professional Position/Title:		
Organization/Affiliation:		
Email:	Phone (work):	Fax:
Sponsor's association with this research:		

*The application should have a sponsor. A sponsor is someone who endorses the proposed research, deems it appropriate, and believes it to be based on sound educational and research practices.

IV. Contact with Pinellas County Schools	
Have you, the Primary Investigator, contacted or worked with any PCS personnel regarding this research? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill in the information below regarding contact person.	
Name:	Professional Position/Title:
Name:	Professional Position/Title:

V. Institutional Review Board:	
Name of Institutional Review Board (IRB):	
IRB submission date:	What is the status of your IRB application?

Note: Your application will not be considered complete and will not be processed without the IRB application.

VI. Research Overview:
What is the purpose(s) of this research (check all that apply)? <input type="checkbox"/> Thesis or <input type="checkbox"/> Dissertation <input type="checkbox"/> Publication <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Classroom Project
Brief description of this research: Research Design:

Brief description of this research (continued):

Sample (include numbers of students, staff, parents, school levels and grades):

Research questions/Hypotheses to be explored:

1.

2.

3.

VII. Supporting Research/ Literature Review

Please reference at least three of the most prominent research studies, articles, or books most pertinent to this field of research when answering the following three questions (attach additional pages if necessary).

How will this research contribute to Pinellas County Schools?

How does this research relate to Pinellas County Schools' current research, as defined in the District Strategic Plan?

How will this research contribute to the field of education?

VIII. Data Relevance

How will the data requested and/or the data collected address each of the research questions/hypotheses (please be specific)?

1.

2.

3.

IX. Secondary Data Request:

Are you requesting existing data from PCS? ____ Yes ____ No

If yes, please provide a detailed description of the variables you wish to include in your study, and be as specific as possible. Please avoid broad or generic statements such as “demographic information” or “test results.” Be sure to include schools, special programs or departments, where applicable. For example: "For the 2013-2014 school year, please provide school number and name, ethnicity, race, gender, unexcused absences for the year, and end-of-year GPA." (attach additional pages if necessary).

X. Primary Data Collection:
Are you requesting to collect data? ____ Yes ____ No (If no, skip to the Recruitment section).
What data will be collected and from whom will it be collected?
How will this data be collected? (i.e., Researcher and PCS roles, data collection methods, online vs. paper and pencil)
What instruments will be used? Attach copies of all finalized instruments.
List any equipment you may use for this research:
Does any of the equipment or procedures to be used constitute a potential emotional or physical hazard to the participants? ____ Yes ____ No If yes, please explain in detail.

XI. Recruitment:
How will participants be recruited? Explain in detail.
Will compensation (in any form) be provided? ____ Yes ____ No If yes, explain in detail:
List the source of funds for this research:

Note: Students may not receive payment, rewards or other incentives for participation in research. Staff may not receive payment, rewards or other incentives for participation in research during normal working hours. Feedback to principals and teachers involved in the study, in-kind service to the school(s), or monetary donations to school funds are acceptable.

Time Table:

Provide a chronological sequence of research activities, beginning with the Proposed Research Start Date and concluding with the Proposed Research End Date. Include the following:

- Tasks to be completed
- Data collection
- Time required by students, parents, staff, and administrators
- Finding sent to AAR for review
- Copy of final report sent to AAR

Attachments:

The following documents must be submitted with the application to conduct research in Pinellas County Schools:
(Check only the boxes for documents being submitted.)

- ☐ Request for School Principal Agreement to Conduct Research in School [Form A] (completed for review)
- ☐ Primary Investigator and Research Sponsor Assurances [Form B] (signed)
- ☐ Access and Use of Confidential Data [Form C] (signed)
- ☐ Institutional Review Board application, including attachments
- ☐ Consent form(s)
- ☐ Data collection instrument(s)
- ☐ Recruitment materials

The following documents must be submitted to receive final approval from PCS:

- ☐ Request for School Principal Agreement to Conduct Research in School [Form A] (signed)
- ☐ Institutional Review Board approval and any IRB modifications
- ☐ Proof of background clearance(s)

Please list any additional attachments submitted with the application:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____



Request for School Principal Agreement to Conduct Research in School [Form A]

The Department of Assessment, Accountability and Research (AAR) has given preliminary approval to conduct research in Pinellas County Schools (PCS) to the following:

A copy of the preliminary approval letter from AAR is to be included with this form.

Research Title: _____

Research Applicant: _____ Date: _____

Preliminary approval means that the research has been reviewed by PCS and has met the criteria outlined in "Procedures for Conducting Research in Pinellas County." The principal is entitled to review the complete research application on file with AAR and to contact the department to discuss the proposed research. The preliminary approval does not require schools to participate; participation is at the discretion of the principal.

The following questions pertain to the above titled research proposal:

What are you planning to do at this school?

Who will you need to work with at this school?

Who will participate in your research?

Does this research require parental consent?

How are you planning to collect the information you need?

How much time do you need?

When are you planning to start the work at this school?

When will you be done with the work at this school? (Note: Contact with schools must be completed by April 15th).

Principal Name: _____

School: _____

- ☐ I have reviewed the above research request, and I agree for this school to participate. I understand that the research will not begin at this school until the applicant has provided a copy of the final approval letter from AAR.
- ☐ I agree to oversee the collection of signed parent consent forms at this school; to verify the parent's signature and place a copy in the student's cumulative folder; and to assure that only students with signed, active, parental consent participate in the research. I can review all consent forms and research documents at any time during the study.
- ☐ I am aware that if this study extends beyond the current school year, the primary investigator is required to renew the school principal agreement (Form A) each year.

Signature: _____ Date: _____

School Principal

[Please sign physically or by typing "/s/" and then your name, such as "/s/ John Doe." If you submit this document with a typed signature, you acknowledge that this electronic signature serves as your valid signature under the Florida Electronic Signature Act and the federal Electronic Signatures in Global and National Commerce Act.]

[Form A]



Primary Investigator and Research Sponsor Assurances [Form B]

- ☐ I understand that I am requesting permission to conduct research in Pinellas County Schools.
- ☐ I have read and understand the "Procedures for Conducting Research in Pinellas County Schools."
- ☐ I understand that the privilege of conducting future studies in Pinellas County Schools is contingent upon the fulfillment of my obligations.

If my research request is granted, I agree to:

- ☐ Abide by all Federal and State laws and regulations, as well as Pinellas County Schools' policies, rules and procedures;
- ☐ Submit any proposed changes for review and approval prior to being implemented and report any adverse or unexpected events immediately;
- ☐ Provide written results of the research and any resulting publications to Pinellas County Schools' Department of Assessment, Accountability and Research.

Signature: _____ Date: _____

Primary Investigator

[Please sign physically or by typing "/s/" and then your name, such as "/s/ John Doe." If you submit this document with a typed signature, you acknowledge that this electronic signature serves as your valid signature under the Florida Electronic Signature Act and the federal Electronic Signatures in Global and National Commerce Act.]

I am sponsoring this research in Pinellas County Schools.

- ☐ I understand that a sponsor is someone who endorses the proposed research, deems it appropriate, and believes it to be based on sound educational and research practices. I acknowledge the supervision of this research project.
- ☐ I have read and understand the "Procedures for Conducting Research in Pinellas County Schools."
- ☐ I understand that the privilege of conducting future studies in the Pinellas County Schools is contingent upon the fulfillment of obligations by the Primary Investigator.

Signature: _____ Date: _____

Sponsor of Research

[Please sign physically or by typing "/s/" and then your name, such as "/s/ John Doe." If you submit this document with a typed signature, you acknowledge that this electronic signature serves as your valid signature under the Florida Electronic Signature Act and the federal Electronic Signatures in Global and National Commerce Act.]



Access and Use of Confidential Data [Form C]

Primary Investigator: _____ Submission Date: _____

Title of Proposed Research: _____

- ☐ I understand that any unauthorized disclosure of confidential information is illegal as provided in the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g and 34 CFR Part 99), and Pinellas County Schools Policy 8330, Student Records.
- ☐ I understand that any data or reports that I, or any authorized representative may generate, are confidential and are to be protected. I understand that I am not permitted to distribute to any unauthorized person any data or reports that I have access to or may generate, using confidential data. I understand that I am responsible for any computer transactions performed as a result of access authorized by the use of my sign-on(s)/password(s), and I understand and agree to abide by the Pinellas County Schools Policy 7540.04, Use of Electronic Resources.
- ☐ I understand the Pinellas County School Board policies regarding the use, retention and disposal of all confidential data.
- ☐ I understand that any final reports produced as a result of this study must report student data in aggregate summaries and not individually. I understand that the confidentiality of all participants must be protected to the extent allowed by law.

I will comply with the access and use of confidential data terms listed above.

Signature:

_____ *Date:* _____

Primary Investigator

[Please sign physically or by typing “/s/” and then your name, such as “/s/ John Doe.” If you submit this document with a typed signature, you acknowledge that this electronic signature serves as your valid signature under the Florida Electronic Signature Act and the federal Electronic Signatures in Global and National Commerce Act.]

NOTE: If you need to obtain parental permission, there is a word document on the AAR website that you can modify and use.

Cover letter

Debriefing a research study for parents

A letter explaining the study should be in simple terms easy for parents to understand and should include:

- An introduction to yourself (the researcher)
- An introduction to the research
- An explanation of what the research is going to achieve
- An introduction to the company(s) conducting the research
- Statements about working with the district office and going through approval processes
- What the child is going to be involved in (i.e., taking a test, survey, discussion group, special curriculum)
- The content and purposes of the test, survey or curriculum
- The risks and benefits to the students
- The effect of participation on student's school work
- Voluntary nature of the participation
- Contact information

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Note: There should be a letter for the school principal and one for the teacher.