



Application No. _____
(leave blank)

Date Received: _____
(leave blank)

Education Technology/Research, Evaluation & Assessment Office

Seattle Public Schools
2445 Third Avenue South, Mail Stop 32-159
P.O. Box 34165
Seattle, Washington 98124-1165
(206) 252-0844

APPLICATION TO CONDUCT RESEARCH AND EXPERIMENTAL STUDIES IN THE SEATTLE PUBLIC SCHOOLS

As the District's decision will be based on information provided in this application, it is the researcher's responsibility to provide all requested information on this form. If more space is needed to answer any item, please attach additional sheets. Supplementary materials may be attached, as appropriate. **All applications must be typed.**

Name of Researcher : _____

Date : _____

Position Title: _____

Organization: _____

Office Phone : _____ Cell Phone: _____

Email: _____

Mailing Address: _____

Title of Study: _____

Purpose of Study: _____

Please list the schools in which the study, if approved, will be conducted.

Is this study legally mandated? _____ If so, by what agency or authority? (Please be specific)

Approximate dates of data collection: From _____ to _____

Expected completion date of final report: _____

Will your research require IRB approval? _____ Yes _____ No

(If yes, please attach a copy of formal approval letter.)

_____ **IRB Approval Date** _____ **IRB Expiration Date**

Please describe the ways in which the Seattle Public Schools would directly benefit from your study.

Revised kfm.10/15/07

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.

Please describe school records that you wish to examine and indicate how they relate to your study.

Please 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?

Study Design:

What question does your study seek to answer?

How will the data be physically tabulated?

What analytical tools will you use in your design?

List the facilities at each school that you will need (e.g., tables, chairs, room, etc.).

Will you request use of the District computer in either data collection or data analysis? If yes, explain:

Do you plan to send parent permission forms? (See Guidelines, #9 and #10.)

YES _____ NO _____

If yes, please attach a copy. If the project is approved, the Evaluation and Assessment Office will require a list of students whose parents have signed parent permission forms.

How will you report the results of the study, and to whom? (If approved, the researcher will provide the Education Technology/Research, Evaluation & Assessment Office with one copy and an abstract of the final report.)

To this application, attach a copy of the following:

- o A copy of all questionnaires, forms, tests, and communications which will be distributed to participants.
- o A parent permission form, if appropriate.
- o A brief summary of your research proposal or dissertation prospectus, if applicable.
- o A copy of your university's approval of your research on human subjects, if it is required by the university.

Statement of Researcher:

In submitting this application, I assure the Seattle Public Schools that I will conduct the research in all respects according to the conditions under which this application may be approved, including the Guidelines for Research Projects in the Seattle Public Schools. In compliance with the Family Education Rights and Privacy Act of 1974, I assure the Seattle Public Schools that identifiable data collected for this study will be kept confidential. Upon completion of this research, I will present to the Education Technology/Research, Evaluation & Assessment Office of the Seattle Public Schools one copy and an abstract of my final report.

Principal Researcher

Approval of Supervisor or Study Advisor (if appropriate)

I have reviewed this research request, the description of the research study and the attached instruments, and give my approval to this study.

Name _____ Position _____
(please print)

School/Institution _____

Department _____ Phone _____

Signature _____