

\_\_\_\_\_  
Applicant's Name Title/Position

\_\_\_\_\_  
Phone Number Mailing Address Zip Code

\_\_\_\_\_  
Highest Degree Held by Applicant Current University Affiliation

Is this project a master's thesis or doctoral dissertation? \_\_\_\_\_  
(indicate which)

Anticipated starting and ending dates of data collection: \_\_\_\_\_  
(starting) (ending)

Project Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the applicant does not currently possess a doctoral level degree, a University faculty sponsor's signature is necessary. The sponsor must have a doctoral degree.

<b>UNIVERSITY FACULTY SPONSOR</b>			
I hereby certify that I have reviewed this research proposal and can attest to its value as a contribution to science and to its methodological soundness.			
_____	_____	_____	_____
Typed name & position of sponsor	Date	Phone	Signature

<b>UNIVERSITY DEPARTMENT CHAIRMAN</b>	
I hereby certify that this research proposal possesses all requirements for research in the Department of _____ at the University of _____.	
_____	_____
Date	Signature of Department Chairman
_____	
Typed Name of Department Chairman	

<b>APPLICANT</b>	
I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the ensuing research project will be conducted as stated in the proposal. I further certify that all legal requirements for the protection of human subjects will be met by the ensuing research project.	
_____	_____
Date	Signature

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Applicant's Name

ABSTRACT (brief summary of project, including the reason for conducting the research, the research methods, and anticipated results):

Describe the primary target population.

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PARTICIPANTS		(Indicate the number of participants in each of the following categories.)												
STUDENTS:														
Grade	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
Regular Ed.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Special Ed.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Other/Specify	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
STAFF:														
	Teachers			Aides		Principals			Other Admin.		Supervisors		Total	
	_____			_____		_____			_____		_____		_____	

Indicate the amount of time that would be required of each participant in each of the above categories.

How many classroom hours would be required for this project, and approximately how many classes would be involved?

Would you need to examine any records kept by Spring Branch Independent School District? If so, describe them and explain why they are needed.

Applicant's Name

What other special requirements will your research project be making on Spring Branch Independent School District?

In what form and by what date will you make the results available to Spring Branch Independent School District?

What costs do you anticipate for Spring Branch Independent School District to ensure a successful completion of your project?

Describe the potential benefits of your project to Spring Branch Independent School District?

What steps will you take to guarantee the anonymity of individual participants?

Applicant's Name

Outline your proposed procedure for obtaining the informed consent of the participants and their legal guardians.

Describe the procedures to which each participant will be exposed.

Describe potential benefits to individual participants.

Describe the research design of the proposed project.

\* The district reserves the right to terminate any research study/activity in progress at its discretion.

**Return electronically to:**

Michael.Thomas2@springbranchisd.com

Michael Thomas, Director for Accountability and Research