

**MANSFIELD INDEPENDENT SCHOOL DISTRICT  
RESEARCH PROPOSAL FORM**

Please carefully read the instructions you received as part of this packet. In completing this **form**, make sure you include all items (a)-(d) with your submission (see the instructions for details on these items):

- (a) This completed form (one hard copy if submitted by mail).
- (b) The "Informed Consent" form(s) you will use for the study (one copy if submitted by mail) if applicable.
- (c) One sample of each data collection instrument you plan to use for the study. E-mail scanned electronic copies if possible. Otherwise, send by mail separately.
- (d) Completed IRB Form for research involving human subjects.
- (e) Detailed description of the proposed research methodology.

The applicant may begin the research upon receiving written permission from the Assessment, Accountability, & Analysis Office.

Submit all materials to:

**Evans Onsongo, Ph.D.**  
**Assessment, Accountability, & Analysis**  
**1910 North Main Street Suite 202**  
**Mansfield, Texas 76063**  
**Tel. 817-299-6352**  
**Email: EvansOnsongo@misdmail.org**

**Part I. Overview**

**A. Principal Investigator Information**

<b>Name:</b> § _____	<b>Date Submitted:</b> § _____
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**B. Institution**

<b>Institution:</b> _____
<b>Address:</b> _____ _____
<b>E-Mail Address:</b> _____
<b>Telephone:</b> _____ <b>Fax:</b> _____
<b>Can you receive confidential information at the fax and E-Mail address provided above?</b>

## Part II. Information about the Study

### Study Overview

Study Title: \_\_\_\_\_

Area of Study: \_\_\_\_\_

Specific Topic: \_\_\_\_\_

If “cut-and-pasting” text to complete the items below, make sure the text appears as Arial 10pt, Spacing 1.5.

1. Abstract – including (but not limited to) the nature and rationale of the study, its primary supporting references in the literature, its need and expected applied or theoretical value:
  
2. Major hypotheses/questions to be investigated:
  
3. Population(s) or data desired (describe in detail):
  
4. Titles of instruments (forms, questionnaires, tests, etc.) to be used for data collection:
  
5. Procedures planned for implementing treatment(s), administering instruments, and/or collecting data from district or school records:
  
6. Design and statistical techniques planned for data analysis:
  
7. Expected beginning date and completion date of study:
  
8. Form in which findings will be reported:

### **Applicant Part III. Signatures**

*I, the applicant, do hereby agree that I will abide by the policies and regulations of the Mansfield Independent School District and will furnish a copy of the abstract and report describing the findings of the study to the Mansfield ISD Department of Assessment, Accountability, & Analysis.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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#### **Sponsoring Professional**

If you are presently a student, please ask the professional sponsoring your research (e.g., major professor, chairperson of your advisory committee, department head, etc.) to sign the following:

*I am familiar with the proposed study and feel that the researcher submitting this proposal is professionally qualified to undertake the investigation. I also believe the research design to be valid and appropriate.*

Signature of Sponsoring Professional/Advisor: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Name of Institution and Department: \_\_\_\_\_

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#### **Mansfield ISD Contact Person for Coordination (optional)**

If you have a district employee willing to coordinate the study, please provide the following information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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#### **FOR District USE ONLY**

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Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_