

Research Application

Applicant's Name Title/Position

Phone Number Mailing Address Zip Code

E-Mail Address

Highest Degree Held by Applicant Current University Affiliation/Organization

Is this project a master's thesis, doctoral dissertation, class work, or independent research?
_____ (indicate which)

Anticipated starting and ending dates of data collection (factor in review process time):
_____ (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.

UNIVERSITY FACULTY SPONSOR			
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 and Position of Sponsor	_____ Date	_____ Phone	_____ Signature

UNIVERSITY DEPARTMENT CHAIRMAN	
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	

APPLICANT	
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

Please complete all sections of the research application and include all research instruments with this application. Failure to submit a completed application and copies of research instruments will result in your application not being considered for approval.

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

Describe the primary target population and indicate which SBISD campus(es) you have selected to conduct your research. Requesting to conduct research on *all* campuses or *all* campuses of a certain level (e.g. all elementary) is strongly discouraged.

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.

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? (Please send results of your research to the Research and Evaluation Department. Failure to comply may result in the denial of future proposals from you organization.)

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? How does your research project support the District strategic plan and/or priorities?

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

Outline your proposed procedure for obtaining the informed consent of the participants and their legal guardians. Please note that informed and active consent of participants is required in Spring Branch Independent School District.

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.

Are you currently employed by SBISD?

Yes No

Return electronically to:

Michael.Thomas2@springbranchisd.com

Michael Thomas, Director for Research and Evaluation