



APPLICATION FOR APPROVAL OF EXTERNAL RESEARCH PROPOSAL

The Clear Creek Independent School District and the Department of Assessment and Evaluation support high-quality research that addresses well-informed research questions of educational importance. At the same time, the District has moral and legal obligations that require oversight of research activities that make use of District resources such as confidential data, facilities, time involved for faculty and staff, and access to students.

The Clear Creek ISD Research Review Board will not review incomplete applications. This includes any missing information or documents. Refer to the **Application Checklist** for the complete list of items required to be included with the application.

I. MAIN PROJECT CONTACT INFORMATION

Date: Clear Creek ISD Employee: Yes No Worksite:

Person Conducting Research:

Home Address (Street, City, State, Zip Code):

Home #:

Work #:

Cell #:

Personal Email Address:

II. GENERAL PROJECT INFORMATION

Title of Research:

University or Affiliated Organization and Program (e.g. Masters, Doctoral):

Name of Research Advisor/Supervisor:

Research Start Date:

Research End Date:

Overall Project Purpose:

Does any aspect of your study pose a potential emotional or physical harm to participants?

Yes No

If yes, please elaborate.

Research Topic(s)-Please indicate up to three research topics that best represent the research focus of your project.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Academic Achievement | <input type="checkbox"/> At-Risk Students | <input type="checkbox"/> College Readiness | <input type="checkbox"/> Curriculum and/or Instruction |
| <input type="checkbox"/> Educational Policy or Leadership | <input type="checkbox"/> English language Learner (ELL) | <input type="checkbox"/> Ethnic or Cultural Studies | <input type="checkbox"/> Physical Health or Safety |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Student Social and Emotional Development | <input type="checkbox"/> Supplemental Programs | <input type="checkbox"/> Teacher Professional Practices |
| <input type="checkbox"/> Other | | | |

If other, please specify:

Click or tap here to enter text.

Grant Involvement - Are you proposing this research as part of a grant application?

Yes No

If yes, are you requesting a letter of support from CCISD?

Yes No

Grant Type

Click or tap here to enter text.

Grant Description

Click or tap here to enter text.

Program or Curriculum Involvement – Are you proposing the implementation of a program or curriculum? Yes No

If yes, are you requesting a letter of support from CCISD?

Yes No

Program or Curriculum Type

Click or tap here to enter text.

Program or Curriculum Description

Click or tap here to enter text.

Study Type (Single or Series) – Is this a single study or one of a series planned or contemplated

Single Series

If series, please elaborate on the design.

Click or tap here to enter text.

What is the Source of the Project Funds?

Click or tap here to enter text.

CCISD Facilities Required for Study

If applicable, please provide a description of CCISD facilities required for your study.

Click or tap here to enter text.

Academic School Year(s) – Please indicate the first and last school year involved in your study

First Academic School Year

Click or tap here to enter text.

Last Academic School Year

Click or tap here to enter text.

If prior year or other, please specify here:

Click or tap here to enter text.

III. CCISD CAMPUS INVOLVEMENT

Please indicate the campus(es) you wish to include in your study. There is an “All” and/or “No School” option for each for each category. If the section does not apply to you, please choose the “No Schools” option and move forward to the next category.

High School Campuses			<input type="checkbox"/> No Schools	<input type="checkbox"/> All High Schools
<input type="checkbox"/> Clear Brook	<input type="checkbox"/> Clear Falls	<input type="checkbox"/> Clear Lake		
<input type="checkbox"/> Clear Creek	<input type="checkbox"/> Clear Horizons	<input type="checkbox"/> Clear Springs		
Intermediate School Campuses			<input type="checkbox"/> No Schools	<input type="checkbox"/> All Middle Schools
<input type="checkbox"/> Bayside	<input type="checkbox"/> Creekside	<input type="checkbox"/> Space Center		
<input type="checkbox"/> Brookside	<input type="checkbox"/> League City Int	<input type="checkbox"/> Victory Lakes		
<input type="checkbox"/> Clear Creek Int	<input type="checkbox"/> Seabrook	<input type="checkbox"/> Westbrook		
<input type="checkbox"/> Clear Lake Int				
Elementary School Campuses			<input type="checkbox"/> No Schools	<input type="checkbox"/> All Elementary Schools
<input type="checkbox"/> Armand Bayou	<input type="checkbox"/> Greene	<input type="checkbox"/> Robinson		
<input type="checkbox"/> Bauerschlag	<input type="checkbox"/> Hall	<input type="checkbox"/> Ross		
<input type="checkbox"/> Bay	<input type="checkbox"/> Hyde	<input type="checkbox"/> Stewart		
<input type="checkbox"/> Brookwood	<input type="checkbox"/> Landolt	<input type="checkbox"/> Ward		
<input type="checkbox"/> Clear Lake City Elem	<input type="checkbox"/> League City Elem	<input type="checkbox"/> Weber		
<input type="checkbox"/> Falcon Pass	<input type="checkbox"/> McWhirter	<input type="checkbox"/> Wedgewood		
<input type="checkbox"/> Ferguson	<input type="checkbox"/> Mossman	<input type="checkbox"/> Whitcomb		
<input type="checkbox"/> Gilmore	<input type="checkbox"/> North Pointe	<input type="checkbox"/> White		
<input type="checkbox"/> Goforth	<input type="checkbox"/> Parr			
Other Schools			<input type="checkbox"/> No Other Schools	
<input type="checkbox"/> Clear Path Alternative	<input type="checkbox"/> Clear View	<input type="checkbox"/> Clear Stars Evening School		
Grade Levels (Please check all grade levels involved in your study)			<input type="checkbox"/> All Grade Levels	
<input type="checkbox"/> Early Education (EE)	<input type="checkbox"/> 4 th Grade	<input type="checkbox"/> 9 th Grade		
<input type="checkbox"/> Pre-Kindergarten (PK)	<input type="checkbox"/> 5 th Grade	<input type="checkbox"/> 10 th Grade		
<input type="checkbox"/> 1 st Grade	<input type="checkbox"/> 6 th Grade	<input type="checkbox"/> 11 th Grade		
<input type="checkbox"/> 2 nd Grade	<input type="checkbox"/> 7 th Grade	<input type="checkbox"/> 12 th Grade		
<input type="checkbox"/> 3 rd Grade	<input type="checkbox"/> 8 th Grade			

IV. CCISD Data Collection and Release

Detailed policy information is located on the Requirements for Data Collection Release Page of the External Research Website.

Important Information

1. Individual students, staff, or schools may not be identified in any research or evaluation product.
2. An executed Data Sharing Agreement with CCISD is required for access to individual student data.
3. All data collection involving schools must take place in the Fall Semester.
4. No data collection is allowed on testing days, be sure to consult the district testing schedule.

Required Consent / Assent Forms

- If you will be collecting data directly from students or if you are requesting identified student level data, you must obtain active parental consent.
- If you will be collecting new data from students, staff, parents or other adult's participants you must obtain assent.
- Consent/assent forms used for parents or students must be written in both English and Spanish.
- Copies of the consent/assent forms are required with your supporting document(s) upon submitting this application.

V. Existing Student Records Data Request

Approval of this application does not automatically provide access to the data. You must obtain an approved Data Sharing Agreement (DSA) with CCISD for access to individual data records. All data you plan on analyzing must be stated explicitly in your consent form(s). You will not be allowed to access information which is not described in your consent form. Please be advised that time constraints will be taken into consideration as one factor for approving projects. If the project is approved, data requests are processed at \$50 per hour.

Are you requesting existing student data records? (e.g., demographics, test scores, attendance records, etc.)

Yes No

If you will not be requesting EXISTING STUDENT RECORDS, skip this section to move forward with the application, otherwise continue with this page.

**If not applicable
Please Skip to Section VI.**

Data Records Request

Data Types-What type of data are you requesting?

Student Student Level De-identified Comparison Group

Data Elements-What data elements are you requesting?

Attendance Demographics Discipline Grade/Course Enrollment Promotion/Graduation
 Test/Assessments Other If other, please specify

Data Pull Schedule-Is this a one-time data pull or recurring?

One time only Annually By Semester By each 6 or 9-week grading period Other

If other, please specify

Detailed Description-All records that you wish to access should be specifically listed. Please avoid the use of terms such as "academic information" and "test scores". For example: "For the 2010-2011 school year, please provide de-identified student level data including: ethnicity, gender, school number, days attended by semester, days enrolled by semester, and school year GPA".

VI. New Data Collection

Are you collecting data directly from students, parents, staff, and/or other participants?

Yes No

If you will not be conducting any NEW DATA COLLECTION, skip this section to move forward with the application, otherwise continue with this page.

**If not applicable
Please Skip to Section VII.**

Participant Involvement

Indicate the participant(s) involved in your evaluation/study

- Students
 Teachers
 Campus Administrators
 Other Campus Staff (e.g., Counselors, Aides, etc.)
 Parents/Guardians
 Other**

Click or tap here to enter text.

Method of Data Collection

Please indicate the number of participants, time required, and frequency for each method involved in your study. Skip the participant rows which do not apply to your study. Provide a copy of student instruments (e.g., survey questions, interview protocols, etc.) as part of your supporting documents. If applicable, provide the names, job titles, and instructional affiliations of any research/evaluation assistants which will collect data.

N/A	This section does not apply to my study	Minutes	Time required for each survey, interview, etc., (in minutes)	Frequency (Freq.)	Indicate how many will take place during the course of your study
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Approximate Number of Participants (Numeric format, i.e., 100)	Survey/ Assessment			Interview/ Focus Group			Observation			Audio/ Video Recording		
	N/A	Minute	Freq.	N/A	Minute	Freq.	N/A	Minute	Freq.	N/A	Minute	Freq.
Students Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type
Teachers Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type
Campus Administrators Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type
Campus Staff Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type
Parent/ Guardians Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type
Other Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type	<input type="checkbox"/>	Tap to Type	Tap to Type

Special Sample Characteristics – Please provide any special characteristics of your sample (e.g., gender, ethnicity, courses, etc.)

Click or tap here to enter text.

Teacher, Campus Administrator, and Campus Staff Characteristics (e.g., 4th grade teachers, PE teachers, assistant principals, hall monitors, counselors, etc.)

Click or tap here to enter text.

Parent/Guardian and Other Participant Characteristics ** If your subject/participant falls under "OTHER", please also identify your subject/participant

Click or tap here to enter text.

Brief summary of research project including description of methodology:

Click or tap here to enter text.

Describe below the methods that will be employed to maintain confidentiality:

Click or tap here to enter text.

Describe the potential benefits of your project to Clear Creek ISD:

Click or tap here to enter text.

VII. ASSURANCE TO CCISD AND SUPPORTING DOCUMENTS

Assurances to Clear Creek ISD (You will be asked to provide a signed copy of these assurances when your application is approved)

By submitting this application, you agree to the following terms and conditions.

1. I understand that I am requesting assistance in a research and evaluation project and I am not requesting information pursuant to the Texas Open Records Act. If my request to conduct research is granted, I agree to abide by all policies, rules, and regulations of the District including securing written parental permission prior to implementation of my project, and maintaining the confidential nature of records, and privacy and rights of all participants and schools.
2. I have read the Procedures for Research and Evaluation in the Clear Creek Independent School District and understand that supervision of this project and responsibility for a report on its outcome rest with me. I also understand that the privilege of conducting future studies in the Clear Creek Independent School District is conditioned upon the fulfillment of such obligations.
3. I understand that any unauthorized disclosure of confidential information is illegal as provided in the federal Family Educational Rights and Privacy Act of 1974 (FERPA), 20 U.S.C. 1232 *eg. seq.* and in the implementing federal regulations found in 34 CFR Part 99.
4. In addition, I understand that any data, data sets or output reports that I, or any authorized representative may generate are confidential and the data are to be protected as required by the Data Sharing Agreement.
5. I will not distribute any unauthorized person any data or reports that I have access to or may generate using confidential data.
6. I hereby agree that failure to abide by the requirements of this client agreement may lead to the immediate revocation of any contract (or research project) that I may be performing for Clear Creek ISD. I understand that any intentional, knowing, or negligent release of confidential student information to unauthorized persons may also subject me to legal cause of action for violation of any individual's civil rights in addition to state or federal criminal penalties.

Supporting Documents

Please indicate the supporting documents you are including with this application, if other, please specify.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Parent/Guardian Consent Form-English | <input type="checkbox"/> Parent/Guardian Consent Form-Spanish | <input type="checkbox"/> Student Assent Form-English | <input type="checkbox"/> Student Assent Form-Spanish |
| <input type="checkbox"/> Staff Assent Form | <input type="checkbox"/> Survey(s)/Assessments | <input type="checkbox"/> Curriculum or Program | <input type="checkbox"/> Letter of Support |
| <input type="checkbox"/> Other | | | |

If other, please specify

Click or tap here to enter text.

Thank you for completing the CCISD External Research Application

Your application must be submitted electronically using the following method:

Save your completed application as an Adobe PDF file and email with all supporting documents to:

ccisdresearch@ccisd.net

Note: incomplete applications will not be considered

I understand that I am requesting to conduct research in the Clear Creek ISD. If my application is approved, I agree to abide by all policies, rules, and regulations of the District.

I have read the procedures for conducting external research in the Clear Creek ISD and understand that supervision of this project and responsibility for a report on its outcomes rest with me. I understand that the privilege of conducting future studies in Clear Creek ISD is contingent upon the fulfillment of such obligations.

Signature of Researcher:

Date: