



Weslaco Independent School District
 319 West Fourth Street/P.O. Box 266, Weslaco, TX 78599-0266
 TEL: 956-969-6500 FAX: 956-969-2664



Dr. Dino Coronado
 Superintendent

RESEARCH PROPOSAL APPLICATION

To successfully submit your research proposal request, please complete all of the fields in the following form and email to [damartinez@wisd.us](mailto:dmartinez@wisd.us).

RESEARCHER INFORMATION

Name:

Address:

City:

State:

Zip:

Contact Person:

Phone:

Email:

Is this research on behalf of an organization?

NO

YES, Name of Organization: _____

Non-profit organization?

NO

YES

Will this research be used to fulfill the requirements of a Masters or Doctoral Degree Program?

NO

YES

RESEARCH PROPOSAL

Describe in detail the methodology you will use to conduct your study.

Note: Applicants may choose to attach this chapter from their approved dissertation proposal and/or other supporting documentation to this application once it has been completed. You are able to attach additional documents, but it is recommended that attachments be limited in size. If lengthy, please provide summaries instead of the actual document as they relate to the questions in this application. All documents cited in responses may be requested at a later date.

How will this research support Weslaco ISD students in terms of College and Career Readiness, STEM Education, Talent Management, and/or Early Childhood Education?

What are the expected monetary costs to the District for this research?

Approximately how much time will be required of participants in this research?

If parental consent is required, how will you obtain it?

How will the confidentiality of employees and students involved in the research be secured?

Disclose all entities that will have access to or be given data.

Define the extent of use for the data obtained by the researcher, including the context of any report for publication or oral presentation. What will be reported? Where will data be reported/presented?

List all District departments and/or schools you expect to participate in your research:

Have you contacted any District, School, or Department Administrators regarding your Research Request?

NO

YES

Only research proposed on this form will be reviewed. Failure to disclose any information, or information found to be inaccurate, may preclude the organization and its ancillary alliances from any release of data in the future.

Approval of research request does not include a promise of any services from the District including access to District databases (unless it is public information available through the District's Public Information Office).

Approval by the Research Committee of a research request is an approval to carry out the research project as stated in the proposal. It is not approval to provide data, promise of services, nor is it permission to use district data (unless it is public information available through the District's public information office). Personnel from the district will not provide research services.

I understand this policy and have no expectation of access to District databases, nor do I expect any services will be provided.

SIGNATURE

DATE

APPROVALS

**RESEARCH COMMITTEE APPROVALS
(For Internal Use ONLY)**

Assistant Superintendent for School Leadership
Team Panther

DATE

Assistant Superintendent for School Leadership
Team Wildcat

DATE

Assistant Superintendent for Teaching,
Learning & Innovation

DATE

Superintendent of Schools

DATE