



Application to Conduct Research or Request Data

This form must be completed by the researcher and approved by Flagler Schools prior to conducting any research within the district. An incomplete application may result in delaying or denying the request. The following supporting documentation **must** be submitted with this application:

- Copy of the dissertation/thesis prospectus or proposal that includes a methodology section
- Copy of an official Institutional Review Board (IRB) approval letter
- Copy of an official correspondence from the Principal Investigator or Chair stating data collection can start
- Copy of all instruments and tools to be used (including surveys, questionnaires, forms, permission slips, etc.)
- Copy of the notarized "Affirmation with Intent to Share Results or Findings" form with Flagler Schools

Part 1. Contact and Affiliation Information

Applications will only be granted to individuals with an official sponsoring organization email address and a principal investigator or dissertation/thesis committee chair.

Researcher Name (Last, First, Middle Initial)		Email Address (must an official email from sponsoring organization)	
Physical Mailing Address			Phone Number
Sponsoring Organization and Address (University or Agency)		Principal Investigator (PI) or Chair Name (Last, First, Middle Initial)	
		PI or Chair Email Address	
Are you or have you been a Flagler Schools employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Start and End Dates	Assigned Site or School	
	Reason for Leaving (if applicable)		

Part 2. Research Information

Title of Research or Specific Topic	IRB Approval Date
List the Research Question(s) or Statement of Problem	
List the Hypothesis(es) offered for the Question(s) or Problem	
List the Unit(s) of Analysis	

Part 3. Access to Student-level or Personnel Data as an Extract

Complete this section **only** if the research study requires extraction of data from district student or personnel data systems. Only **anonymized** data will be released. Please be advised of the following:

- There is a minimum turn-around time of two weeks from the date of application approval.
- Data requests that require more than two hours to complete may incur a charge of \$100.00 per additional hour afterward. Flagler Schools will contact you for confirmation of the charge before proceeding.
- Data may be unavailable if fewer than 10 students fulfill the requirements based on the description below.
- Individual names, identification keys, birthdays, usernames, or other personal information will NOT be released.
- Data file formats include Comma-separated text [CSV], Stata data file [DTA], or Excel spreadsheet [XLSX].
- Flagler Schools will attempt to follow any file layout submitted with this application. This is optional to include.

Describe the data that is needed (be specific with exact details)	Date Data Needed
	Requested Data File Format
Describe how the data will be stored and the procedures that will be used to maintain data security and integrity	

Part 4. On-Site or Virtual/Interview Data Collection

This section is for on-site, virtual/interview, or observational data collection. If your research study does not use these, leave this section unfilled. Please be advised of the following:

- The school principal has the final authority to allow or deny participation in research studies.
- Data collection activities are NOT permitted to interfere with staff duties or student instructional time.
- Data collection dates must NOT include test administration days; see district testing calendar for blackout days.
- Video recordings are NOT permitted in any form. Limited audio recording is permitted for later transcription.
- Data collection must NOT exceed 18 months in duration.
- The district/school(s) is NOT obligated to provide use of facilities, equipment, or materials for research studies.

List the schools where on-site data will be collected	
Describe the data that will be collected	Start date of on-site Work
	End date of on-site Work
Describe how the data will be stored, list who will have access, outline the procedures that will be used to maintain data security and data destruction at the conclusion of the study	
Describe the tools or instruments (surveys, questionnaire, etc.) that will be used to collect the data (include a copy of each tool/instrument)	

Describe by participant type, the activity, time required, and number of participants (student, teacher, administrator, counselor, etc.)
Describe how the participants were selected to be included in the research study
Describe how participants will be notified of their selection to participate and how they (or their parents/guardians) can opt-out of participating (include a copy of the notification and permission slip or informed consent form)
Describe how audio recording data will be stored during the study, who will have access or review the recordings, and how/when the recordings and transcripts will be destroyed. (Video recordings are not permitted in any form)

Part 5. Acknowledgement

I understand and will abide by the provisions listed in this application and the laws related to the protection of human subject rights and privacy. I will maintain confidentiality of all records and I will destroy and eliminate any reference to school, district, or individual identity in any work produced as a result of this request. I affirm the data obtained from the district will only be used for the project outlined and within the organization listed in this application.

Researcher Signature

Date

>>> Official Use Only <<<

- District Decision
- Pending
 - Approved
 - Denied

- School Decision
- Approved
 - Denied

Comments

Director of Teaching and Learning

Date

Assistant Superintendent of Academic Services

Date



Affirmation with Intent to Share Results or Findings

I, _____ being duly sworn, have carefully read this application in its entirety and certify the information herein is true to the best of my knowledge and belief. I fully understand failure to make a truthful disclosure of any fact or item of information required may result in the delay or denial of my application, revocation of my Board Certification if granted, or disciplinary action by Flagler Schools as appropriate.

I further agree to formally share the results or findings based on the data collected or data extracted as referenced in this application with Flagler Schools.

STATE OF _____)

Signature of Applicant

COUNTY OF _____)

The forgoing instrument was sworn to and subscribed before me this _____ day of _____, 20____, by _____, who personally appeared before me at the time of notarization, and who is personally known to me or who has produced _____ as identification.

NOTARY PUBLIC:

Sign _____

(Seal)

Print _____