

**CHEROKEE COUNTY SCHOOL DISTRICT
REQUEST FOR PERMISSION TO CONDUCT RESEARCH WITHIN THE SYSTEM**

Name: _____

CCSD Employee: YES _____ NO _____ If NO, list employer: _____

Position or Grade: _____ School: _____

Research Title: _____

Reason for doing this research:

Graduate Study/Level: _____ University/College: _____

Publication/Presentation: _____ Journal/Conference: _____

Other (please specify): _____

Include with this request:

- A letter from your supervising professor on college or university letterhead indicating support for your research and his/her confirmation of data collection validity. You may include IRB approvals as applicable.
- A brief summary of the issues being researched and the type of data collection you are requesting to conduct.
- Method of data collection assessment; Number of respondents, etc.
- Participant consent forms must be included if data will be collected on individual students, parents and/or staff.
- Copy of interview questions, surveys, etc., that will be used.
- If student data is analyzed and/or used, a notarized "Release of Educational Records for Research Purposes Confidentiality Statement" will be required.

I, _____ do hereby submit to not hold the Cherokee County School District liable for any findings, or commentary involved in this research. I understand that without the express written permission of the Cherokee County School Board of Education, I am not authorized to conduct any data collection involving district employees or students and/or any other information that is protected by Federal or State Law. **Furthermore, a copy of all finding and data collection instruments will be made available to the Cherokee County Board of Education as requested. All research is to be sent to the Research Services Department upon completion of the project.**

Signature: _____ Date: _____

Signature of Principal (if applicable) _____ Date: _____

Send request to: research.services@cherokeek12.net

Staff Use Only

_____ Permission given _____ Permission denied

Department of Research Services

Special Conditions:

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Proposed Starting date: _____ Proposed Ending date: _____

Location for Data Collection: _____

Purpose of Study:

Hypotheses and research questions: (Statement of the problem. How will this study contribute to this field of research?)

Describe your study and include a summary of your method of data collection and research design (surveys, interviews, and/or test data)

Describe your subjects or population of the study (Administrators, Teachers/Certified Personnel, Classified Personnel, Students) Please include the number of expected respondents and how participants were selected for the project. How much time will be required for individual to participate in the study? What will participants be asked to do? How will consent be obtained?

