



Research Request Form For Bellevue School District Intern Teachers

12111 NE 1st Street, Bellevue, Washington 98005 / PO Box 90010, Bellevue, WA 98009

Student teachers wishing to conduct research in the Bellevue School District as part of their university studies should complete this form and submit it to Chris Lindberg (lindbergc@bsd405.org). This research request must be approved before research begins.

We have a district template for you to use to inform parents about your project. You can find it on *SharePoint* here: [Student Teacher Research Info Form for Parents](#). This form allows parents to opt out if they wish (if you need active consent for your project, you can adapt this letter accordingly). Please attach a completed copy of the info form template when you submit your research request to the Central Office for approval.

PROJECT INFORMATION

Student teacher name:

Mentor teacher name:

School name:

Today's Date:

Dates research will be conducted:

Project name:

Research question (*one or two sentences*):

Methods description:

This form should be signed by the mentor teacher, the university research advisor, the principal, and the central office (Chris Lindberg or Naomi Calvo), in that order. In addition to this signed form, when submitting your project for approval to the Central office please attach your filled out *Info Form for Parents*, your IRB approval, and any planned questionnaires etc. that you will use in your project.

Lead teacher approval: I confirm that this project will be a sound learning experience for my intern; and that it will not interfere with student learning or the general curriculum.

Name: _____ Date: _____

University research advisor approval: I have reviewed all aspects of the research plan and attest that it meets my institution's standards for rigorous student research.

Name: _____ Date: _____

Principal approval: I have reviewed the research plan and grant approval.

Name: _____ Date: _____

Central office approval: This project has been approved by the Bellevue School District central office.

Name: _____ Date: _____

Date: 9.16