

Pflugerville Independent School District Application for Research Study

I. Research Project Director:

Name: _____

Address: _____

Work Phone: _____ Home Phone: _____

Fax Number: _____ Other: _____

II. Faculty or Staff Sponsor of Research Project:

Name: _____

Address: _____

Work Phone: _____ Home Phone: _____

Fax Number: _____ Other: _____

III. Title of Proposed Project:

Date of Submission: _____ Date Approval Needed: _____

Proposed Starting Date: _____ Proposed Ending Date: _____

Ultimate Purpose of Project (Thesis, Journal article, Dissertation):

IV. Research Overview

Sample	Number	Description (Demographics, school, age)
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Students

Staff

Parents

Participation	Time Re-quired	Data or Activity (New & Existing)
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Students

Staff

Parents

V. What is the hypothesis of this study?

VI. Give a brief summary of research design including statistical analysis procedures. If P.I.S.D. databases are to be used, detail sampling needs, variable and analyses required.

XIV. Assurances:

Director of Research Project:

I understand that I am requesting assistance in a research project and I am not requesting information pursuant to the Texas Open Records Act. If my request for research assistance is granted, I agree to abide by all policies, rules, and regulations of the district, including written parental permission prior to implementation of my project and maintaining the confidential nature of records and the privacy and rights of the individual and school.

Signed: _____

Date: _____

Sponsor of Research Project:

I have read Pflugerville Independent School District's research procedures and understand that supervision of this project and responsibility for a report on its outcome rests with me. Conducting future studies in P.I.S.D. is conditioned upon the fulfillment of such obligations.

Signed: _____

Date: _____

Pflugerville I.S.D. Official:

Pflugerville I.S.D. has granted permission to conduct the research project as described in this document.

Signed: _____

P.I.S.D. Official

Title

Date