

# **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) |
|----------|--------|-----------------------------------------|
| Students |        |                                         |
| Staff    |        |                                         |
| Parents  |        |                                         |

| Participation | Time Required | Data or Activity (New & Existing) |
|---------------|---------------|-----------------------------------|
| Students      |               |                                   |
| Staff         |               |                                   |
| Parents       |               |                                   |

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#### **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