



**Newton Public Schools  
100 Walnut Street  
Newtonville, MA 02460**

**617-559-6115**

---

**Toby Romer  
Assistant Superintendent for  
Secondary Education & Special Programs**

The following procedures must be followed by persons requesting the use of facilities or students in the Newton Public Schools for research purposes.

1. A letter formally requesting permission to conduct research must be sent to this office by the principal investigator. It must include:
  - a. Names and duties of all persons involved in the conduct of the research.
  - b. Research goals.
  - c. Relevance of research to the Newton Public Schools.
2. The form on the back of this page must also be filled out and returned to the Assistant Superintendent for Secondary Education, 100 Walnut Street, Newton, MA 02460
3. To complete the information we need before making a final decision, the researcher must submit in writing a step-by-step procedure for the conduct of the research. Copies of all research instruments and permission forms that the researcher intends to use must also accompany the research request.
4. The request will be evaluated according to the following:
  - a. Is the research relevant to ongoing programs and activities? Will the study provide information that will be useful to principals and teachers?
  - b. What assurances can you give which will ensure that the anonymity of students, teachers, and the school will be protected?
  - c. Is the research design technically sound?
  - d. Will the research interfere with normal school routine?
5. Please indicate if you are collaborating with a Newton Public School leader or staff member when requesting your research.
6. The researcher agrees to send a written report of the findings to the principal(s) of the school(s) involved and to this office.

## Request for Research Access

Name of Person Requesting: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Official Status: \_\_\_\_\_

Institution: \_\_\_\_\_

Phone: (Office) \_\_\_\_\_ (Home) \_\_\_\_\_

Name of Supervising Professor (if any): \_\_\_\_\_

Names of all who are involved in this research and their duties: \_\_\_\_\_

\_\_\_\_\_

Title of Project or Study: \_\_\_\_\_

Purpose: \_\_\_\_\_

Needs: Age or Grade Range: \_\_\_\_\_

Number: \_\_\_\_\_ Sex: \_\_\_\_\_

Amount of Time per Student: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Previous Contacts in Newton (if any): \_\_\_\_\_

Date Project or Study Will Begin: \_\_\_\_\_

Date Project or Study Expected to End: \_\_\_\_\_

Brief Description /  
Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_