

Request to Conduct Research in Volusia County Schools
Submit to: Kyle Schicker
kbschick@volusia.k12.fl.us
Coordinator of Research, Evaluation, and Accountability

Researcher:	Date:
Address:	Telephone Numbers:
	E-mail Address:
Agency or University:	Doctoral Advisor:
A copy of approved Research Proposal (or Chapt 1- 3 of dissertation), IRB approval without conditions, survey instruments, consent and assent forms, and all other required documents as approved by IRB must be submitted with this Request to Conduct Research in Volusia County Schools. Also, include researcher's credentials and qualifications (resume or curricula vitae is sufficient)	
Title of Research (Topic):	
A detailed description of study	
Research(s) methods and procedures that will be used (include specific data being requested)	
Information and/or school sites researcher is requesting to access (include detailed information on your "ask")	
Briefly list measures to be taken and instruments to be used (include a copy of those instruments and available technical support on instruments):	
Subjects for study	
Dates of study – timeline	

Risks to subjects					
Benefits to subjects					
Risk/benefit ratio					
Briefly describe subject groups participating in this research:					
<i>Grade Level</i>	<i>#</i>	<i>Relevant Characteristics</i>			
How are the participating subjects to be selected (convenience, randomly, matched, etc.)?					
School/Department Involvement <i>(indicate # of school sites by level)</i>		School/Department Personnel Involved <i>(e.g., teachers, administrators, guidance counselors, etc.)</i>			
#	Level (Elem/MS/HS) Name	Type Personnel	#	Time Required	Activity Involved

99105 MIS

Proposed date for site of on-site operations: _____

Expected date of termination of on-site operations: _____

School facilities needed (briefly list space, materials, equipment, etc. necessary for the proposed research. Also, list the purpose of use intended for each item listed.):

Target date for receipt by this office of your results/discussion: _____

Signature of Researcher: _____ Print Name: _____

Signature of Sponsor: _____ Print Name: _____

If you have questions, please call:
Research, Evaluation and Accountability
Phone: (386) 734-7190 ext. 20261

Form may be e-mailed or mailed to:
Kyle Schicker, Coordinator of Research, Evaluation and Accountability
kbschick@volusia.k12.fl.us
Volusia County Schools 200 N. Clara Ave DeLand, FL 32720