

Request to Conduct Research

Please complete this form in its entirety (use as much space as necessary). If your response is nonapplicable, please note NA in the space provided. In addition, if you need more space for your answers, you may attach an additional document with your responses. When complete, email this form and all required documents designated within to: lventi@ycsd.york.va.us.

Name:	Date of Birth:		
Address:	City:	State:	ZIP:
Telephone:	Email address:		
Are you a YCSD employee? ☐ Yes ☐ No	Is this study a part of your master's theses? ☐ Yes ☐ No		
Is this study a part of your doctoral dissertation? ☐ Yes ☐ No			

Organization/School:
(please attach documentation of approval to conduct research)

Title of Research Project:

Purpose of Study:

Type of data collection instrument (written survey, for example)	Time frame for distributing & completing the research (month, day)	Final report completion date

Will you require access to student records? ☐Yes ☐No

If yes, please indicate what records you need to access and why you need to access them.

Participation Needs (Identify the target school(s), grade level (s), staff participants and estimated time required of participants)

School	Grade Level	Participants (staff names and/or positions)	Number of participants	Estimated Time Required By Participants

Relevance (identify the research proposal's correlation to mission and goals of the school division)

Value(identify how this research will directly benefit the education practices of the York County School Division and the larger field of K-12 education)

I understand that approval from the school division to conduct research allows me to contact only the staff identified within this request. I further understand that staff participation in approved research proposals is strictly voluntary and that the division is not responsible for facilitating participation or access to participants.

Signature:

Date: