Department of Research and Accountability

Greetings:

The Department of Research and Accountability salutes your efforts to evaluate and provide meaningful research insight for academic improvements and to enhance positive educational outcomes for future generations. In efforts to support high-quality research outcomes, please see specific research criteria below to help ensure the privacy and safety of research participants and safeguard instructional programs that align with district and federal goals and objectives. Thank you for partnering with Jackson Public Schools.

1. Please provide a formal email or letter: ***Attention: Dr. BendaLonne Griffith, The Department of Research and Accountability. Jackson Public School District. PO BOX 2338. Jackson, MS 39225-2338 or email bgriffith@jackson.k12.ms.us.***

2. Include: Research Title, name of the site(s) requesting for data collection, and a description of research methodologies and instruments used to complete the research.

3. Complete and return the Jackson Public School Research Request Application.

4. Provide a consent form that includes the voluntary nature of the study, research procedures, risks and benefits of the research study, confidentiality clause, and contact information for further inquiries.

5. Include an Institutional Review Board (IRB) approval letter upon receipt **and** attach a complete copy of the IRB application.

6. Provide a copy of the data collection research instrument. (ex. Hardcopy or electronic survey).

7. Provide Jackson Public Schools Department of Research and Accountability with a copy of the complete research results. Jackson Public Schools reserves the right to use research findings for educational programs, services, grant proposals, professional development, and other services that may support academic success. Thanks again for partnering with Jackson Public Schools.

Institution and Department Requesting Research Data	**Name of JPS Department from which data is requested**
Title of Requester	**Requester Signature**
Organization Authorization/Advisor Printed Name	**Organization Authorization/Advisor Signature**

662 South Presidents Street. Jackson, MS 39201-2338. Telephone: 601.960.8306

JACKSON PUBLIC SCHOOLS: (EXTERNAL INSTITUTION)
APPLICATION TO CONDUCT RESEARCH REQUEST FORM (Part I)

Contact Information:

Application Date:	**Institution/Agency Name:**	
Name: (Last, First)	**Address:**	**Phone Number:**
Email:		

Research Approval Request(s):

(**Important:** *1. Please provide a brief description of the data, or research request and reason. 2. State the problem to be addressed. 3. How will the data be used? 4. What instruments will be used during the research process? 5. If requesting data, include the time period the data request will cover.)*

1. **Research Description:**

2. **Problem:**

3. **Use for data and research outcomes:**

4. **Instruments used during research:**

5. **Time period for data requested-** *(ex. Spring 2020 – spring 2021):*

Research Start:	**Research End Date:**

JACKSON PUBLIC SCHOOL: (EXTERNAL INSTITUTION)
APPLICATION TO CONDUCT RESEARCH REQUEST FORM (Part II)

If there is a survey involved:

- What is the survey title? _____
- Who will administer the survey? _____

(NOTE: All materials will need to be furnished by the research sponsor. The person conducting the survey will be subject to a background check and orientation process. All student participants must have a signed parental consent form to participate in approved research studies.)

Research Participant Information:

JPS Staff			
	Administrator(s)	**Teacher(s)**	**Other**
Number of Participants			
Time Needed (minutes)			

JPS Students			
Grade Level	**Number of Students**	**Minutes Per Student**	**Name of School**

How Will the Data be Used? Please Select All That Apply:

Nonfunded Use:	**Funded Use:**	**Other: (Please Explain)**
☐ **Educator Use** ☐ **Published research non-funded** ☐ **Research for academic studies**	☐ **Research for federal funded academic studies** ☐ **Research for funded non-profit entity** ☐ **Research for funded commercial source**	

Organization Sponsor (Print):	**Organization Sponsor (Signature):**

District Use Only:
Date Received _____
Date Mailed/Released _____
Notes:

Please allow at least 30 days for research approval. All inquiries must be sent to: bgriffith@jackson.k12.ms.us. Thank you for your research application!

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