Department of Teaching and Learning

RESEARCH REQUEST FORM

Note: Research conducted by Wayzata Public Schools students must be a part of a high school course. Students interested in conducting research must complete the WPS Student Research Request Form.

Name _____ Date _____

Address _____ City/State/Zip Code _____

Phone Number (____) _____ Email _____

Are you currently a staff member of Wayzata Public Schools? ☐ Yes ☐ No

If this study is being conducted in affiliation with a college or university, please complete institution information:

Institution Name _____

Address _____ City/State/Zip Code _____

If this study is part of your work for a degree, indicate complete degree and advisor information:

☐ B.A. or B.S. ☐ M.A. or M.S. ☐ Ph.D. ☐ Ed.D. ☐ Other _____

Advisor's Name _____

Phone Number (____) _____ Email _____

If this study is being conducted in affiliation with a company or other organization, please complete information below:

☐ For Profit ☐ Non-Profit

Organization/Company Name _____

Address _____ City/State/Zip Code _____

Please complete questions 1-13 below. The document will expand to accommodate as much space as you need to answer each question. We will respond to your request within 10 business days. Final approval may take longer.

1. Purpose of Study: (Please include the research questions to be addressed by the study.)

2. What methods will you use in your study?

Give specific information on the population you will recruit, how many participants are needed, measuring instruments, amount of time required by participants, number and names of schools to be involved (if applicable). If you are a staff or student in Wayzata and are conducting research with an outside organization, list the organization name(s).

3. What is your timeline/deadline? (We need time to take it to our committee for approval.)

4. If you have discussed this proposal with Wayzata Public School personnel, indicate with whom you have talked and the nature of your discussion.

5. What practical implications does your study have for the Wayzata Public School system? (If none, say none, but describe what value the study may have for children, in general.)

6. Have you conducted previous studies in the Wayzata Public Schools? Yes ____No _____

If yes, give sufficient information about the most recent or pertinent study so that it can be located, i.e., date, who your contact was, and title or nature of the study.

7. List the names of all personnel who will be involved in carrying out field operations.

8. Do you have any objection to the publicity of your study at this time? Yes _____No _____

9. If you have a formal research proposal for your institution, please include it with this request. Please include the Human Subjects Research approval form, if applicable.

10. Where, how long, and in what format will student/staff data be kept? In addition, describe what security provisions will be taken to protect this data.

11. Please attach parent consent and student assent letters that you will use in the study, if applicable. (Here is a template for the parent consent from, that you may find helpful.)

12. If you are using a survey, conducting an interview, or administering an assessment, please attach a copy of the tool(s) you will be using in your study.

13. As part of conducting research in the Wayzata school district we ask that you share with us a summary of your relevant findings. Please describe the format (e.g., research brief, thesis paper, etc.) and timeline that you may be able to send this to us.

Return To:

Jessica Seibenick
Admin Pro - Research & Evaluation
Wayzata Public Schools
District Service Center
13305 12th Ave N
Plymouth, MN 55441
jessica.seibenick@wayzataschools.org

For Office Use Only:

Research request submitted by: _____ Date: _____

Approved? Yes _____ No _____

Wayzata Public Schools may rescind this approval if conditions within the district change between the approval date and the implementation of the study. If the district chooses to rescind approval, the applicant will be notified in writing by the Director of Research and Evaluation.

Required Approval	Department	Signature	Date
X	Executive Director of Teaching and Learning		
X	Director of Research and Evaluation		
	Building Principal		
	Other Administration		