

Fairfield City School District
211 Donald Drive, Fairfield, OH 45014

Application to Conduct Research

Directions:

Please complete all items on this application. Include a copy of all questionnaires, forms, surveys, parent letters, or other instruments/documents to be used in the research in the schools. Include any supplementary material(s) that will assist in understanding the purposes of and procedures used in the study. Remember to sign this application.

Note: This application must be completed, submitted to the Assistant Superintendent's office as noted below, and approved prior to any research activities being conducted in any buildings within the Fairfield City Schools.

Submit completed, signed application to:

Assistant Superintendent
Fairfield City Schools
211 Donald Drive
Fairfield, Ohio 45014

Name of person applying to conduct research: _____

Mailing address: _____

Phone number: _____ E-mail address _____

Title of Research Project: _____

Time Line for Conducting Research Project: _____

School Administrator, if any, with whom you have discussed your project:

1. What is the reason for the request to do the proposed research project? (Include the degree program and name of the institution of higher learning, if applicable.)

2. Describe the goals and purposes of the proposed research project.

3. Describe how this research project will benefit the school district:

4. Complete the information below indicating who will be involved in your proposed data collection activities.

School(s) Involved	Grade Level(s)	Type of Persons Involved (students, teachers, parents, administrators, etc.)	Number of Persons Involved	Amount of Time per Person

5. List the types of data collection activities you are proposing. Remember to include copies of any questionnaires, interview schedules, surveys, or other instruments you propose to use.

Please note: If your research proposal is approved, you must supply all copies of the data collection instruments to be used. The Fairfield City Schools will not run any copies for your use.

6. Do you plan to obtain written parent permission/signed consent to collect information from any students involved in this proposed research project? Yes No
If "yes", please include a sample parent permission form.

7. Is your research proposal being reviewed by a Human Subjects Review Committee at your college/university? Yes No
If "yes", please include a copy of the Committee's approval.

8. Will there be compensation for allowing you to complete your research project?
 Yes (To whom and how much? _____) No

9. Will you require access to student records? _____ Yes _____ No

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

10. Will you need to use school district facilities to complete your proposed research project? _____ Yes _____ No

If "yes", complete the following information:

a. What facilities will you need? _____

b. When will you need to use these facilities? _____

c. Why do you need to use these facilities? _____

11. Read and sign below as indicated.

If approval is received, I agreed to conduct this research study in conformity with the Fairfield City School District's Board of Education policies GCQB, GBC, and JF (copies attached) and any other applicable District policies and regulations. I agree to provide the District with a copy of the final research report. I understand and agree not to identify any student or staff member by name in the reporting of my data. I further agree not to publish the research report or results without the District's expressed written consent to such publication.

Signature of person applying to conduct research

Date

(Approval Date: November 21, 2002)