

Application to Conduct Research or Distribute Surveys
Dinwiddie County Public Schools

I. Identifying Information

Name _____

Work Location _____

Work Address _____

_____ Work Phone (_____))

Home Address _____

_____ Home Phone (_____))

Email _____

II. Introduction to the Project

A. Title of Project _____

B. Why are you conducting the study?

Independent Research _____ Graduate Class Requirement _____

Master's Thesis/Paper _____ Dissertation Research/Project _____

Other (Please Describe) _____

C. University Affiliation _____

Faculty Advisor _____

D. Has this study been reviewed and approved by an Institutional Review Board (IRB)?

_____ **Yes, it has been fully reviewed and approved.**

Please attach the IRB approval notification to this application.

Date of IRB approval: _____

_____ **No, review is pending.** Evidence of IRB review may be submitted at a later date but must be received prior to initiating study.

Expected date of IRB approval: _____

_____ **No, this study is exempt from IRB approval.** If this study is exempt from IRB approval, please provide the rationale: _____

Name and contact information for IRB Chairperson: _____

No, this research is not affiliated with a university and is not governed by an IRB.

E. Proposed Participants

Grade Level (s): _____

Subject Area (s): _____

Name of School (s):

Special Characteristics (if any) of Population: _____

F. Type of Population:

		Time (in minutes) Required for Each Person to Complete Tasks
<u>Group</u>	<u>Number Needed</u>	<u>Person to Complete Tasks</u>
<input type="checkbox"/> Students	_____	_____
<input type="checkbox"/> Teachers	_____	_____
<input type="checkbox"/> Principals	_____	_____
<input type="checkbox"/> Others	_____	_____

III. Demands on Participants

What specifically will be required of the participants? How do the data collection procedures minimize potential disruption of the instructional program and the ability of staff members to carry out their assigned duties?

VII. Research Proposal

A complete description of the proposed research must be included in this application. In 500 words or less provide a rationale and statement of the problem, definition of terms, description of the research design and statistical analysis, and implications of the research.

NOTE: Approval Letter and IRB Approval. If you are a doctoral degree candidate or pursuing a master’s degree, enclose with your application: (1) a letter of authorization from your major advisor or committee chair; (2) an approval form or letter from your university’s human subjects committee, if appropriate.

Please read each of the following statements and place a check mark in the box indicating that you have read and agreed to each of the statements:

- I understand that acceptance of this request in no way obligates Dinwiddie County Public Schools to participate in this research. I also understand that approval does not constitute commitment of resources or endorsement of the study or its findings by the school system or by the School Board.
- I understand that participation in this research by students, parents, and school staff is voluntary. I will preserve the anonymity of all participants in all reporting of this study. I will not reveal the identity or include identifiable characteristics of the schools or the school system.
- If approval is granted, I will abide by all the policies and regulations of the Dinwiddie County Public Schools and will conduct the research within the stipulations accompanying any letter of approval.
- At the completion of this study, I will provide Dinwiddie County Public Schools with a copy of the results.

Applicant’s Signature Date

Professor or Faculty Date
Advisor’s Signature

PLEASE MAIL OR FAX ALL REQUESTED MATERIAL TO:

Dr. Royal Gurley, Jr., Assistant Superintendent
Dinwiddie County Public Schools
14016 Boydton Plank Road, P.O. Box 7
Dinwiddie, VA 23841
Phone: (804)-469-4190
FAX: (804)-469-4197