



If you have any questions, contact the Department of Assessment and Accountability
 Phone: 813-272-4341 Fax: 813-272-4340 e-mail: donna.rupe@sdhc.k12.fl.us

Date: _____

Does this request pertain to a grant funded project? _____ Yes _____ No

If yes, please provide the complete grant name and official funding agency below:

Grant Name: _____ Funding Agency: _____

Name of Researcher / Principal Investigator:
 (include title - i.e., Ms., Mrs., Mr., Dr., or Ph.D., Ed.D., etc.)

COMPLETE ADDRESS (include city, state, building, apt. #, zip code)

Are you an employee of the Hillsborough County Public Schools? _____ Yes _____ No

If yes, at what location do you work? _____

Phone # (include area code) _____ Fax # (include area code) _____

E-mail _____

TITLE OF YOUR STUDY:	
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BRIEF DESCRIPTION OF RESEARCH: (Hypothesis, research design, statistical treatment of data)
NOTE: A copy of any tests, questionnaires, surveys, letters, etc MUST BE SUBMITTED WITH THIS DOCUMENT.

PROCEDURES

Population to be studied: _____

Number of Participants: _____ Grade Level(s) _____

School(s) Involved (give names): _____

Distinguishing Characteristics: _____

RESEARCH PROPOSAL REQUEST (cont.)

Treatment Proposed: _____

Assessment Measures: _____

ESTIMATED TIME REQUIRED

From teachers: _____

From students: _____

Estimated date research will begin: _____

Estimated date research will be completed: _____

NOTE -- IF YOUR RESEARCH REQUEST IS APPROVED:

1. If you will be entering a campus **after hours** to conduct your research **involving ADULTS ONLY**, you will be required to **present the approved research letter** to the principal.
2. If you will be entering a campus **during school hours when students are present, but your contact will be supervised by school personnel**, you must complete a **SERVE VOLUNTEER FORM** and present it **AND a copy of the approved research letter** to the principal. (A form will be included with your approval letter.)
3. If you will be entering a campus **during school hours when students are present AND THERE IS A POSSIBILITY YOUR CONTACT WITH STUDENTS WILL NOT BE SUPERVISED BY SCHOOL PERSONNEL**, you must complete a SERVE Volunteer Form **AND YOU MUST BE FINGERPRINTED**. (The SERVE Volunteer form AND THE instructions for volunteer fingerprinting will be enclosed with your approval letter.) **PLEASE NOTE: YOU WILL NOT BE ALLOWED TO DO YOUR RESEARCH UNTIL THE PROCESS HAS BEEN COMPLETED.** You will have to present to the principal a copy of your approval letter, your completed SERVE Volunteer Form, **AND A "STAMPED" SERVE APPLICATION INDICATING YOU HAVE BEEN FINGERPRINTED.** (All necessary forms will be included with your approval letter.)

Signature of Researcher:

X _____

Signature of University Supervisor:

X _____

SUBMIT TWO (2) COPIES OF THIS FORM AND YOUR PROPOSAL DESCRIPTION AND ACCOMPANYING MATERIALS TO:
Assessment and Accountability
Post Office Box 3408
901 East Kennedy Boulevard
Tampa, Florida 33601-3408

AND/OR
Signature of Principal (if study is to be conducted in a school in the district and RESEARCHER IS EMPLOYED BY THE DISTRICT)