

Application for Research in Alachua County Public Schools

620 East University Avenue, Gainesville, FL 32601 (352) 955-7699

Submit a complete application packet containing the following materials to
The Department of Research, Assessment, and Student Information

- A. For each project, submit to the department
1. One complete application for the Department of Research, Assessment, and Student Information
 2. The Institutional Review Board (IRB) approval, if applicable
 3. Upon completion of the study, send an electronic copy of the Abstract to starksd@gm.sbac.edu.
- B. For each school requested, also submit to the department
1. One complete application form for each requested school (IRB not required)
 2. For each school requested, one 10" x 13" envelope addressed 'Principal of (Name of School)'
 3. One copy of any instrument to be used, if applicable

You will be notified via email when action on this application has been completed.

Applicant: _____ Phone: _____ Email: _____ Date: ____/____/____

Address: _____ City: _____ State: _____ Educational Affiliation: _____

Classification: _____ Faculty _____ Doctoral Student _____ Master's _____ Other (Specify) _____

Purpose of Research: _____

Title of Research Proposal: _____

Brief summary of research proposal: _____

Population needs: # of subjects _____ Grade level(s) _____ Gender: _____ Race/ethnicity: _____

Ability level(s): _____

School requested: _____ Dates applicant to be in the school _____

Total time required per teacher: _____ Total time required per student: _____

Additional school resources needed: _____

Data needed (list tests, surveys, information): _____

If this application is approved, I agree to observe all legal requirements regarding the use of research and to submit an abstract or a short summary of the research in electronic format to Alachua County Public Schools: Department of Research, Assessment, and Student Information.

Applicant Signature: _____ Date: _____

Advisor/Dept. Chair: _____ Date: _____

ACPS Research Director: _____ Date: _____

For School use only:

This application for research is: _____ Approved _____ Not Approved

Remarks: _____

Principal's Signature _____ Contact person in school: _____ Title: _____