



For Office Use Only

PCS IRB # ___ - ____

APPLICATION TO CONDUCT RESEARCH

Please print or type

This form **MUST** be completed and approved by the Office for Accountability, Research, and Measurement **PRIOR** to collecting data and conducting research with Pasco County Schools.

Instructions

1. Complete the entire form.
2. Submit two (2) paper copies of the complete application AND one electronic PDF file containing all documents (including appendices, IRB letter, consent forms, etc.). The electronic file should be loaded in a Flash drive and included in the package that contains the application. Name the file with the Researcher's name in the format, LastName_FirstName.
3. Complete and include the checklist.

NEW July 2018: Email applications will NOT be accepted.

Mail the complete paper application to

Peggy Jones, Ph.D.
Pasco County Schools
Office for Accountability, Research, and Measurement
7227 Land O Lakes Blvd.
Land O Lakes, FL 34638

IMPORTANT: When referencing an approved research study, use the researcher's name from the application AND the PCS IRB assigned number.

For questions about the application process, contact Stephanie Green at
smgreen@pasco.k12.fl.us or 813-974-2337

Instructional Review Board

Research Application Checklist

Applicant

First Name _____ Last Name _____

This checklist denotes the required components for a research application. For your application to be processed, all documents must be complete. Please use this checklist to make sure you have included all of the necessary documents.

| Documents | Check | Explanation, if not included |
|--|-------|------------------------------|
| 1. Checklist | | |
| 2. Signed Application Form | | |
| 3. IRB from university/institution | | |
| 4. School Principal or District Support, if applicable | | |
| 5. Adult Consent Form, if applicable | | |
| 6. Student Assent Form, if applicable | | |
| 7. Parent Permission Form, if applicable | | |
| 8. One-page letter/summary that can be shared with principals describing the tasks required of teachers, students, or schools. | | |
| 9. Flash Drive containing PDF of the documents | | |



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Title of research project:

Name of Applicant

Title (Circle one): Dr. Mr. Mrs. Ms. Other (specify) _____

First Name:

Last Name:

Address:

Telephone

Cell:

Home:

Business:

Email Address:

Why are you conducting this study (e.g., Graduate course, Thesis, Dissertation, Research interest, Grant)?

Research Affiliation (Name of the University/Institution/Agency)

Dissertation Chair/Grant Director/Project Advisor

Name:

Title:

Signature:

Is the applicant a current employee of Pasco County Schools? Yes No

If Yes, what is your current location?

Will the research be confined to the school where the applicant is an employee?

Yes No N/A

Timeline

Anticipated Starting Date:

Anticipated Completion Date:

Primary Purpose:

Primary Research Question(s):

Describe the benefits to the students and/or the school district.

Describe or name the instrument you plan to use. *Include a copy of the survey form or instrument with your application.*

List the data you will be requesting from the District. Be specific.

Is the applicant willing to pay for the retrieval of data, if necessary? Yes No

Indicate the number of expected participants in your research (for Pasco).

| Grade | PK | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total |
|----------|----|---|---|---|---|---|---|---|---|---|----|----|----|-------|
| Students | | | | | | | | | | | | | | |

| Group | # Needed | Time Required | Specific Schools |
|---------------------------------|----------|---------------|------------------|
| Students (based on count above) | | | |
| Teachers | | | |
| Principals | | | |
| District Staff | | | |
| Other | | | |

Comments:

List the major activities or phases of the study, approximate timelines for completing each phase and the expected completion date.

List any special services or resources which are required for the completion of the study (e.g., videotaping, audio recording, etc.)

Note to Researcher: If you are approved by the District and you are seeking approval at the school level, a copy of your District approval letter MUST be shown to the school principal.

| |
|--|
| <p>For Office Use Only</p> <p>Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____ / ____ / 20__</p> <p>Conditions, if any: _____</p> <p>_____</p> <p>_____</p> <p>Signature of Director or Designee</p> |
|--|