



For Office Use Only

PCS IRB # \_\_\_ - \_\_\_

## STUDENT 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 teacher/administrator support, consent forms, etc.). Name the file with the Researcher's name in the format, LastName\_FirstName.
3. Complete and include the checklist.

### 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

**Email the electronic version of your application to Stephanie Green- [smgreen@pasco.k12.fl.us](mailto:smgreen@pasco.k12.fl.us)**

*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](mailto: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. Letter of support from your teacher   |       |                              |
| 4. Letter of support from your school administrator  |       |                              |
| 5. School or District Support, if research is not at your school location                    |       |                              |
| 6. All research instruments (surveys, interview questions, etc.)                             |       |                              |
| 7. Adult Consent Form, if applicable   |       |                              |
| 8. Student Assent Form, if applicable  |       |                              |
| 9. Parent Permission Form, if applicable   |       |                              |
| 10. One-page letter/summary describing the tasks required of teachers, students, or schools. |       |                              |



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## STUDENT APPLICATION TO CONDUCT RESEARCH

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**Title of research project:**

**Name of Applicant**

First Name:

Last Name:

**Contact Information**

Email Address:

School:

Course:

**Teacher Information**

Name:

Signature:

**School Administrator Information**

Name:

Signature:

**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:

**Describe the data collection methodology. What is the procedure to collect data (e.g., interviews, observations, online surveys, focus groups, etc.). How will consent be secured?**

**Describe the statistical/analytical technique(s) which will be used to analyze the data. Specify the degree to which anonymity will be maintained in reporting results.**

**List the major activities or phases of the study, included start date, 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.)**

One (1) copy of the final report with an executive summary must be submitted to the Office for Accountability, Research, and Measurement no later than one month after the final submission of the class project.

Further, I understand I will abide by the laws related to protection of human subject rights and privacy. I will maintain confidentiality of all records, and I will destroy and eliminate any reference to school, district, or individual identity.

\_\_\_\_\_

Researcher's Signature

\_\_\_\_\_

Date

*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.*

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Approved  Yes  No

Date: \_\_\_\_ / \_\_\_\_ / 20\_\_

Conditions, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Director or Designee