

APPLICATION FOR RESEARCH IN ALACHUA COUNTY PUBLIC SCHOOLS

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

Directions: Complete one application for each requested school. Attach IRB approval, if applicable, protocol and 1 copy of any instrument to be used. If research is to be grant-funded, please attach copy of grant. Turn in application to the Department of Research and Evaluation. You will be notified when action on this application has been completed.

Upon completion of your study, send one copy (or Word file) of Abstract to lucasme@sbac.edu.

Applicant _____ Phone _____ Date _____

Address of Applicant _____

Educational Affiliation _____

Applicant is: 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 _____

Sex, age, race, ability level (s) _____

School requested _____ Total time per teacher required _____

Total time per student required _____

Indicate additional school resources needed _____

Dates applicant is to be in the school _____

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

If this application is approved, I agree to observe all legal requirements regarding the use of research and to submit an abstract or short summary of the research report to the School Board of Alachua County, Research and Evaluation Department.

Applicant Signature: _____ Date: _____

Advisor/Dept. Chair: _____ Date: _____
(if applicant is student)

SBAC Research Director: _____ Date: _____

School use only.

This application for research is: Approved: Not Approved: Principal's Signature _____

Remarks _____

Contact person in school _____ Title _____