Alachua County
Public Schools

Data Analytics, Accountability & Evaluation
Application for Research

For each project, submit a complete application packet containing the following materials to the Alachua County Public Schools (ACPS) Department of Data Analytics, Accountability & Evaluation by submission electronically to Taylor Gilfillan at gilfillantw@gm.sbac.edu.

1. One complete application for the Department of Data Analytics, Accountability & Evaluation; *and*
2. Institutional Review Board (IRB) approval, if applicable; *and*
3. Upon completion of the study, send a copy of the Abstract or Short Summary of Research.

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

Applicant:_____ Phone:_____ Email:_____

Address:_____ _____ Educational Affiliation:_____
            Street Address   *City/State*

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

Purpose of Research:_____

Title of Research Proposal:_____

Brief Summary of Research Proposal:_____

Population Needs: No. of Subjects_____ Grade Level(s)_____ Gender:_____ Race/Ethnicity:_____

Ability Level(s):_____

School(s) Requested:_____

Begin/End Dates Applicant to Be In School(s)_____

Total Time Required Per Teacher:_____ Total Time Required Per Student:_____

Additional School Resources Needed:_____

Data Needed *(list tests, surveys, information)*:_____

I understand that information received from this research may be confidential and protected under School Board policies and federal and state laws including, but not limited to, the Family Educational Rights & Privacy Act. I agree that any information received will only be used for the project outlined above. Misuse of received information or failure to protected confidential and protected information may result in loss of access, both current and in the future, and may result in a finding of a violation of the law by the applicant, to which ACPS and the School Board of Alachua County, Florida shall not be held responsible or in violation. Approval of this application is not an endorsement by ACPS of for the project or the applicant. Approval of this application reflects only the permission to request voluntary participation of ACPS staff, student and families.

Applicant Signature:_____ Date:_____

Applicant Printed Name:_____

Advisor/Department Chair:_____ Date:_____

ACPS Research Director:_____ Date:_____

For School Use Only
This Application for Research is: ☐ Approved   ☐ Not Approved
ACPS Superintendent or Principal *(please sign)*:_____
ACPS/School Contact Person for Project *(please print)*:_____