

Alachua County Public Schools

620 East University Avenue, Gainesville, FL 32601 (352) 955-7600

Application for Research

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

For each project, electronically submit to charbojl@gm.sbac.edu

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 a copy of the Abstract

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(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): _____

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