



REQUEST TO CONDUCT RESEARCH, PROJECTS OR SURVEYS

Researcher's Name: (s) _____

Your Mailing Address: _____

Your Telephone Contacts: _____

E-mail Contacts: _____

Title of the Project/Research/Survey: _____

Organization or University Affiliation: _____

Dissertation Chair/Advisor's Name: _____

Address: _____

Contact Information (work and cell phone numbers): _____

E-mail Contacts: _____

Is this study a part of your work towards a degree? Yes _____ No _____

If Yes, check the following:

Ph.D _____ Ed.D _____ M.A/M.S _____ Undergraduate _____ Other _____

Date of IRB Approval: _____

(IRB Certificate Required)



Required Items:

Abstract:

Research Questions:

Methodology:

Dataset and Variables being used:

Proposed Usage of Data and Confidentiality Efforts Used:

Timeline of the Project, Survey or Research:



Alignment to SD308 Policy 6:10 *Educational Philosophy and Objectives*:

Determination of the Data you will need from District 308:

[**Link to upload Consent and Assent Forms** /or/ Attach Documents](#)

[**Link to upload copy of survey** /or/ Attach Documents](#)

Location of Proposed Research Conducted:

Subjects included (ages, grades, gender, etc.):

Protection of Privacy Statement and Policies/Laws Adhered to:

[**Link to upload IRB forms and certificate** /or/ Attach Documents](#)

Assurance that research will not intrude instructional time or current curriculum:



Researcher's Signature (s) _____ Date _____

_____ Date _____

SD308: District/School Oversight Administrator Signature

_____ Date _____

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APPROVED

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NOT APPROVED

Associate Superintendent _____ Date _____