



REQUEST FOR EXTERNAL RESEARCH

McKell Withers, Superintendent of Schools
Jo Ellen Shaeffer, Director of Assessment and Evaluation

REQUEST FOR RESEARCH
APPLICATION FORM

Title of Research Project: _____

Date of Submission: _____

Name of Applicant: _____

Address: _____

Work Phone: _____

E-Mail: _____

Institutional Affiliation or agency represented by investigator:

Name of Applicant's Sponsor (if student): _____

Address: _____

Work Phone: _____

E-Mail: _____

Institutional Affiliation: _____

Reason the project is being conducted (e.g., comply with grant, dissertation..) :

Briefly describe the project, including the primary questions to be addressed by the research and its significance to the Salt Lake City School District and the field of education:

Research Overview:	Sample Size	Description (Schools, Grades, Demographics)
Students		
Staff		
Parents/Guardians		

Group:	Time Required	Data Required (from school/district records)
Students		
Staff		
Parents/Guardians		

Total time required to work in SLC schools : _____

What is required of teachers? _____

Potential risks and hazards to any subjects involved?

Describe the informed consent procedures that will be followed (if applicable). Attach copies of scripts, parent letters, forms etc.

List the names of tests, surveys, questionnaires...to be used. Attach copies.

Anticipated start date: _____ (DD/MM/YR)

Anticipated end date: _____ (DD/MM/YR)

Assurances:

I understand that I am requesting assistance in a research project. If my request for research assistance is granted, I agree to abide by all policies, rules, and regulations of the Salt Lake City School District. When the project is completed, Salt Lake City School District will receive a copy of the project report.

Signed: _____
Principal Investigator of the Research Project Date

I have read the procedures for External Research in the Salt Lake City School District (SLCSD) and understand that supervision of this project and responsibility for a report on its outcome rest with me. I also understand the privilege of conducting future studies in SLCSD is contingent upon the fulfillment of such obligations.

Signed: _____
Sponsor of the Research Project Date

Please return 2 copies (one electronic, one paper copy) to:
Jo Ellen Shaeffer, Director, Assessment and Evaluation
Salt Lake City School District, Administration Building, Suite 207
440 East 100 South
Salt Lake City, Utah 84111