**Research Proposal Application**

I am requesting:[ ]  a data file(s) [ ] permission to conduct research in schools

Project Title: Click or tap here to enter text.

Date Submitted: Click or tap to enter a date.

Name: Prefix:Choose an item. First: Click or tap here to enter text. Last: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Can you receive confidential documents at this email address? [ ] Yes [ ] No

Arlington ISD Employee: [ ] Yes [ ] No

If you are an AISD employee, please provide non-AISD contact information above.

Outside of employment, do you have any affiliation with an AISD student or staff? [ ] Yes [ ] No

Organization Affiliation

(e.g., UNT, UTA, Lamar): Click or tap here to enter text.

Applicant’s Role at Organization

(e.g., student, professor, researcher): Click or tap here to enter text.

If the proposed project is being conducted to fulfill a graduation or course requirement, please indicate the type: [ ] Master’s Thesis [ ] Ed.S. Thesis [ ] Ed.D. Dissertation [ ] Ph.D. Dissertation

 [ ] Other Requirement: Click or tap here to enter text.

University Advisor’s Name (if applicable): Click or tap here to enter text.

University Advisor’s Phone Number: Click or tap here to enter text.

University Advisor’s Email Address: Click or tap here to enter text.

Secondary Researchers: [ ] Yes [ ] No

If yes, list names and titles: Click or tap here to enter text.

Are you receiving any project-specific funding for this research? [ ] Yes [ ] No

If yes, please list your funding sources.Click or tap here to enter text.

**Application**

**Please complete all sections of this form. Do not use “see attached” as a response to an item.**

1. When do you anticipate that your study will begin or when will you need your data file?
Click or tap here to enter text.
2. When do you anticipate your study will end? **(Note that up to 10 working days may be required for the initial review of your proposal, and revisions may be required after the initial review)**Click or tap here to enter text.
3. Provide an abstract including nature and rationale of the study, theoretical framework, references from previous research involving the topic and purpose.
Click or tap here to enter text.
4. List your research questions and major hypotheses, if applicable.
Click or tap here to enter text.
5. What type of data sources are you planning to use? (check all that apply)

[ ]  Publicly available data [ ]  Pre-existing data provided by the District

[ ]  New data that I collect as part of the project [ ]  Other: Click or tap here to enter text.

1. Indicate the schools that will be involved in the study. Either list the schools if there are a few or describe the schools (e.g., all high schools, 10 randomly selected middle schools).
Click or tap here to enter text.
2. Describe your participants (e.g., 2nd grade students, Instructional Facilitators, Principals, etc.)
	1. Who will be in your sample?
	Click or tap here to enter text.
	2. How many people will be in your sample?
	Click or tap here to enter text.
	3. How will your sample be selected?
	Click or tap here to enter text.
3. Detail your research methodology. Be sure to include the following information:
4. What will study participants be required to do? Include an estimate of the amount of time that will be required per participant (e.g., three 45 minute sessions).
Click or tap here to enter text.
5. Describe any measurement instruments that will be used (e.g., surveys, interview protocols) and attach copies to the email with this form.
Click or tap here to enter text.
6. Indicate how data will be collected and how often. Specify when participants will be involved in study activities (e.g., after school).
Click or tap here to enter text.
7. Specifically describe the variables that you will need to conduct your analyses, if applicable (e.g., gender, STAAR Reading/Language Arts scores from spring 2017).
Click or tap here to enter text.
8. Describe the proposed data analysis.
Click or tap here to enter text.
9. What is your plan for disseminating results from the study? How do you plan to report results back to the participating schools and the District? Do you plan to report results to audiences other than the schools or the District?
Click or tap here to enter text.
10. Do you have approval of your study from an Institutional Review Board (attach documentation to the email with this form)? If not, explain why.
Click or tap here to enter text.
11. How will the study benefit the students of Arlington Independent School District?
Click or tap here to enter text.
12. Describe any potential risks for research participants (e.g., how will you maintain the confidentiality of any data collected or used?)
Click or tap here to enter text.
13. What will be required of the District and participating schools?
Click or tap here to enter text.
14. Will you provide any compensation to participants, schools, or the District for participation?
Click or tap here to enter text.

**Signature Page**

*I, the applicant, do hereby agree that I will abide by the policies and regulations of the Arlington Independent School District and will furnish a copy of the abstract and report describing the findings of the study to the Arlington ISD Department of Research and Accountability*.

Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

## Sponsoring Professional (if applicable)

If you are presently a student, please ask the professional sponsoring your research (e.g., major professor, chairperson of your advisory committee, department head, etc.) to sign the following:

*I am familiar with the proposed study and feel that the researcher submitting this proposal is professionally qualified to undertake the investigation. I also believe the research design to be valid and appropriate.*

Signature of Sponsoring Professional/Advisor:

Position or Title:

Name of Institution and Department: