



KENT SCHOOL DISTRICT

APPLICATION TO CONDUCT RESEARCH AND/OR COLLECT DATA

Date:

Personal Information:

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you currently employed by the Kent School District? YES: NO:

If yes, list your school or department: _____

Is this research/data collection:

- Part of a degree/course requirement YES NO If so, please specify
- Grant-funded YES NO If so, funded by: _____
- Government-sponsored/voluntary participation YES NO
- Not-for-profit-sponsored/voluntary participation YES NO
- Personal interest YES NO

If you are a college student (undergraduate or graduate degree) please provide the following:

Advisor's Name: _____ Title: _____

University/College: _____
Name City State

Academic Dept.: _____ Advisor's E-mail: _____

If you are an Agency, Educational Research Service, Not for Profit, or a Business Affiliation (in other words, if you are not a student conducting research in association with degree attainment) please provide the following:

Organization/University/College: _____

Department/Position/Title: _____ Office Phone: _____

Address: _____
Street Address Apartment/Unit #

Address City State ZIP Code



RESEARCH REQUEST CHECKLIST

1. Title of study
2. Research question(s)
3. Purpose statement of the study
4. Research plan/study design
5. Data collection procedures
6. Study timeline (including important program due dates)
7. Benefit and implication to Kent School District (Explain how this study aligns with the Kent School District (KSD) mission and vision, priorities and the implication to staff time, resources, etc.)
8. Expectations of participants (amount of time necessary from participants, etc.)
9. Plan for reporting results
10. All associated documents in support of the research design
 - a. Participant consent forms
 - b. IRB approval
 - c. Copies of all surveys, interview and/or focus group questions
 - d. Observational protocol/data collection forms
 - e. Other

Research applications will be reviewed by a small committee 4 times a year (October, January, March and June). An initial review for application completion will be done upon receipt. If the application is found to be incomplete, the requestor will be notified so updates can be made. Please note that applications turned in less than 2 days before committee review and found to be incomplete may have to wait until the next review cycle.

If accepted, the applicant will be required to sign a Confidentiality/Non-Disclosure Agreement prior to the study's initiation. Upon completion of the study, a copy of the final research product must be submitted to KSD.

The entire packet of materials must be submitted to research@kent.k12.wa.us



A	Title of Study:
B	Research Question(s):
C	Purpose/Theory of Action:
D	Specifically, what data do you need?
E	How do you plan to collect your data? Explain.
F	Will you administer surveys/questionnaires? YES NO (if YES, attach 1 copy) <input type="checkbox"/> <input type="checkbox"/>
G	Identify any data that you need to collect from existing District records.
H	Identify the school(s) and/or district personnel you plan on working with.
I	How many participants will be involved? <input type="checkbox"/> Students: _____ <input type="checkbox"/> Teachers: _____ <input type="checkbox"/> Parents: _____
J	How much class time is required of students for participation (including prep time)?
K	How much total time is required of teachers or other school staff for participation?
L	Has your research been approved by an administrative sponsor at the school(s)? Names: _____
M	What type of institutional research review approval did you request from your institution? <input type="checkbox"/> Exempt <input type="checkbox"/> Expedited <input type="checkbox"/> Full Board
N	Do you have approval from your institutional research review committee (attach 1 copy)? <input type="checkbox"/> Yes <input type="checkbox"/> In Process <input type="checkbox"/> No (If no, include statement explaining why not)
O	Please provide a timeline of the following information: 1. Dates you plan to collect your data in the schools (if applicable) 2. Dates you plan to do analysis and write up results 3. Date you plan to provide KSD with a final report of your results.



Please answer the following questions about your proposed study.

1	Please explain how your research relates to the KSD Strategic Plan Goals that can be found here .
2	In what way(s) will your research benefit participants, education in general, or KSD specifically? Who will you be sharing your results with?
3	If applicable, explain how you will obtain informed consent from participants. Attach the form(s) you will be using.



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Project Outline:

Include your research objective and a brief overview of the background research, rationale for choosing the population you would like to work with/study, research methods, data analysis plan and limitations. Associated documents such as consent forms, copies of surveys, interview questions and protocols should also be attached.





KENT SCHOOL DISTRICT RESEARCH APPLICATION REVIEW FORM

The application process occurs 4 times a year (October, January, March and June and the requestor will receive a decision or request for additional information no later than 72 hours after review is complete.

**indicates core review criteria*

Narrative/Outlined Description of Research		Reviewer Initials	Reviewer Feedback (if applicable)
1	Title of study or the data collection project		
2*	Purpose statement for the study. Provide the theory or construct support the study and/or data collection.		
3*	Research question(s) and/ or Hypotheses the study or the data collected will answer.		
4	Research plan/study design – What is the detailed process for conducting this research		
4a*	<i>-Description of setting(s) - where and when?</i>		
4b*	<i>-Description of participant(s) –who and how many? Include power analysis plans</i>		
4c	<i>-What are the variables you will measure? Specify the independent and dependent variable.</i>		
4d*	<i>-Specify what the District is expected to do and what <u>you</u> will do as part of the study?</i>		
4e	<i>-What are the existing or newly-collected data you are going to be using as part of your study?</i>		
4f	<i>-Data analysis techniques – What method(s) will you use to analyze the data you have gathered?</i>		
4g*	<i>-How does the data align to and lead to the ability to answer the research question(s)?</i>		
4h	<i>-What other information about your study design would be helpful for us to know or consider?</i>		
5	Data collection – How will you measure the variables?		
5a	<i>-Description of intervention, assessments, observational tools, review of records, etc.</i>		
5b	<i>-What data do you need to which you do not have access? Please be specific.</i>		
6*	Study timeline		
6a*	<i>-Important dates (When will you gather data, begin intervention/observation, analyze data, complete the report?) What are your important program dates?</i>		



7*	Benefit and implication to Kent School District		
7a*	<i>-How does this study align to KSD's mission and vision?</i>		
7b*	<i>-How does this study align to KSD's priorities?</i>		
7c*	<i>-What are the implications to staff, students, resources, etc.?</i>		
8*	Expectations of participants		
8a*	<i>-Amount of time required from participants?</i>		
8b*	<i>-Amount of time anticipated from students/staff across the district who are not participants in the study?</i>		
9	Plan for reporting results		
9a	<i>-Potential bias and /or limitations to your research?</i>		
9b	<i>-With whom will you share the results? Plans for publication, policy-decisions, etc.</i>		
9c	<i>-When can the District expect a copy of the results?</i>		
10	Associated documents supporting the research design – include when applicable.		
10a	<i>-Participant consent forms and informational letters (for all applicable stakeholders).</i>		
10b	<i>-Copies of all surveys, interview and/or focus group questions.</i>		
10c	<i>-Observational protocol/data collection forms.</i>		
10d	<i>-Other documents or materials. (e.g., curriculum, presentations, worksheets, etc.)</i>		
11	Proof-read and presented in final draft form		
11a	<i>-i.e., grammar, punctuation, sentence structure, layout/formatting, general attention to detail, etc.</i>		

Date(s) received by District: _____ Received by (initials): _____

Date(s) feedback sent to applicant: _____ Reviewer initials: _____

Additional comments:



RESEARCH AGREEMENT & UNDERSTANDING

Please read the following agreement and sign.

I understand that approval of my research by the Kent School District does not mean:

- ✓ Official endorsement from the Research Team or the District.
- ✓ Assistance from Research Team staff in securing or recruiting schools/participants for the study, or provision of data or data files needed to complete the study

I understand that approval of research carries with it several responsibilities for me. I understand that:

- ✓ Persons and places used in this project will remain anonymous except by prior approval of the Research Team.
- ✓ I must not commence any part of the research activity in the district prior to obtaining District approval for the study.
- ✓ I must inform the District if the study is ended early or if there are any major changes to the research design. Any changes to core review criteria will need to be submitted to the Research Team for review and could lead to termination of the study.
- ✓ Kent School District principals, teachers, students, and staff can decide to revoke participation at anytime for any reason.
- ✓ The Research Team will check in with me quarterly and non-response could lead to termination of the study.
- ✓ I must provide the Kent Research Team and the participating school(s) with a copy of all project data including a copy of a written report summarizing the study and results upon completion of the research.
- ✓ I must allow parents/guardians to inspect actual surveys and instructional materials used in the research study.

Submission of this application does not mean automatic District approval. The District can require that the applicant modify procedures, instruments, etc. in order for District approval to be granted. Please submit your request well in advance of when you need to collect your data.

Signature: _____ Date: _____

By typing your name above, you are acknowledging your electronic signature of this agreement.



APPROVAL

This research request has been reviewed and approved by the Research Request Approval Committee.

Name: _____ Role: _____

Signature: _____ Date: _____

