



Data Analytics, Accountability & Evaluation
Application for Research

Thank you for your interest in conducting research in Alachua County Public Schools (ACPS)! All research must be conducted in compliance with School Board of Alachua County [Policy 2605](#). For each project you would like to conduct, please submit the following materials electronically to the ACPS Department of Data Analytics, Accountability & Evaluation at research@gm.sbac.edu:

- A completed application for research with all applicable signatures
- Institutional Review Board (IRB) approval from your institution, if applicable
- Copies of all of your data-gathering instruments and/or a detailed description of the data required, as well as any consent forms required (parental, student, etc.).

Name of Applicant	
Date	
Address	
Phone Number	
Email Address	
Title of Research Project	

1. Title of Research Project
2. Reason the project is being conducted (e.g., dissertation, comply with grant):
3. Name of university/agency with which applicant is affiliated (if applicable):
4. Name, title and signature of the student advisor certifying that the research proposal is acceptable: (if applicable) Name: Title: Signature: _____ Date:
5. Anticipated starting date:
6. Anticipated completion date:

7. State the general purpose of the research:

8. List the primary questions to be addressed by the research:

9. Describe research activities that will require direct contact with students on campus or at school events:

10. List the sources of data that are **not** dependent on school/district records:
(note that copies of all instruments must accompany the research proposal)

11. List the specific sources of data that **are** dependent on school/district records: (i.e., academic grades, attendance)

12. Indicate the number of participants and/or subjects in the research.

Participants	Grades														Total
	K	1	2	3	4	5	6	7	8	9	10	11	12	Other (Specify)	
Students															
Teachers															
Principals															
Parents															
Others															

If you are looking for a certain demographic, please specify below:

13. Office/school levels targeted by the research:

- | | |
|--|--|
| <input type="checkbox"/> district office | <input type="checkbox"/> alternative center |
| <input type="checkbox"/> elementary school | <input type="checkbox"/> vocational-technical center |
| <input type="checkbox"/> middle school | <input type="checkbox"/> adult center |
| <input type="checkbox"/> high school | <input type="checkbox"/> exceptional student center |

14. If applicable, list the names of Alachua County Public Schools requested to be included in the research:

15. Estimate the amount of time the research project will require of each type of participant:

Participants	Activity				Total
	Testing/ Assessment/ Survey	Training/ Inservice	Teaching/ Instruction	Other (Specify)	
Students					
Teachers					
Principals					
Parents					
Other					

16. Describe the expected value of the research to education in general and specifically to ACPS:

- Upon receipt of your application, it will be reviewed by the ACPS Internal Review Board, a group of content area experts which meets biweekly on Friday afternoons.
- If your project is approved, we will forward your project to principals of schools with the population(s) you have requested (which may or may not be the specific school(s) you have requested) for school-level approval.
- Once we receive approval back from principals, you will be notified via email of your approval and what school(s) you will be working in/with.
- If your project requires a Memorandum of Understanding or Data Sharing Agreement, that will be included in your approval email.
- Upon completion of the study, please provide a copy of your abstract, any publications, or a short summary of your research.
- For further information, contact the Director of Data Analytics, Accountability & Evaluation at research@gm.sbac.edu or (352) 955-7623. Thank you!

I understand that information received from this research may be confidential and protected under School Board policies and federal and state laws including, but not limited to, the Family Educational Rights & Privacy Act. I agree that any information received will only be used for the project outlined above. Misuse of received information or failure to protect confidential and protected information may result in loss of access, both current and in the future, and may result in a finding of a violation of the law by the applicant, to which ACPS and the School Board of Alachua County, Florida shall not be held responsible or in violation. Approval of this application is not an endorsement by ACPS of for the project or the applicant. Approval of this application reflects only the permission to request voluntary participation of ACPS staff, student and families.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____ Date: _____

ACPS Research Director _____ Date: _____

For School Use Only

This Application for Research is: Approved Not Approved

School Name: _____

School Principal (please sign): _____

School Contact Person (please print): _____

