

If you have any questions, contact the Department of Assessment and Accountability  
Phone: 813-272-4341 Fax: 813-272-4340 e-mail: donna.rupe@sdhc.k12.fl.us

Date: \_\_\_\_\_

**Name of Researcher** (include title - i.e., Ms., Mrs., Mr., Dr., or Ph.D., Ed.D., etc.)

\_\_\_\_\_

**COMPLETE ADDRESS** (include city, state, building, apt. #, zip code)

\_\_\_\_\_

\_\_\_\_\_

**Are you an employee of the Hillsborough County Public Schools?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If yes, at what location do you work?** \_\_\_\_\_

**Phone #** (include area code) \_\_\_\_\_ **Fax #** (include area code) \_\_\_\_\_

**E-mail (be concise)** \_\_\_\_\_

**TITLE OF STUDY:** \_\_\_\_\_

\_\_\_\_\_

**BRIEF DESCRIPTION OF RESEARCH:** (Hypothesis, outline of design, statistical treatment of data) **NOTE: A copy of any test, questionnaire**


**PROCEDURES**

**Population to be studied:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of Subjects:** \_\_\_\_\_ **Grade Level(s)** \_\_\_\_\_

**School(s) Involved (give names):** \_\_\_\_\_

\_\_\_\_\_

**Distinguishing Characteristics:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Treatment Proposed:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Assessment Measures:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RESEARCH PROPOSAL REQUEST (cont.)

ESTIMATED TIME REQUIRED

From teachers: \_\_\_\_\_

From students: \_\_\_\_\_

Estimated date research will begin: \_\_\_\_\_

Estimated date research will be completed: \_\_\_\_\_

NOTE -- IF YOUR RESEARCH REQUEST IS APPROVED:

1. If you will be entering a campus **after hours** to conduct your research **involving ADULTS ONLY**, you will be required to **present the approved research letter** to the principal.
2. If you will be entering a campus **during school hours when students are present, but your contact will be supervised by school personnel**, you must complete a **SERVE VOLUNTEER FORM** and present it **AND a copy of the approved research letter** to the principal. (A form will be included with your approval letter.)
3. If you will be entering a campus **during school hours when students are present AND THERE IS A POSSIBILITY YOUR CONTACT WITH STUDENTS WILL NOT BE SUPERVISED BY SCHOOL PERSONNEL**, you must complete a SERVE Volunteer Form **AND YOU MUST BE FINGERPRINTED**. (The SERVE Volunteer form AND THE instructions for volunteer fingerprinting will be enclosed with your approval letter.) **PLEASE NOTE: YOU WILL NOT BE ALLOWED TO DO YOUR RESEARCH UNTIL THE PROCESS HAS BEEN COMPLETED.** You will have to present to the principal a copy of your approval letter, your completed SERVE Volunteer Form, **AND A "STAMPED" SERVE APPLICATION INDICATING YOU HAVE BEEN FINGERPRINTED.** (All necessary forms will be included with your approval letter.)

Signature of Researcher:  
X \_\_\_\_\_

Signature of University Supervisor:  
X \_\_\_\_\_

SUBMIT TWO (2) COPIES OF THIS FORM AND YOUR PROPOSAL DESCRIPTION AND ACCOMPANYING MATERIALS TO:  
Assessment and Accountability  
Post Office Box 3408  
901 East Kennedy Boulevard  
Tampa, Florida 33601-3408

OR  
Signature of Principal (if study is to be conducted in a school in the district and RESEARCHER IS EMPLOYED BY THE DISTRICT)