

APPLICATION NO. _____
(leave blank)
DATE REC'D _____
(leave blank)
ABSTRACT REC'D _____
(leave blank)

FERNDAL SCHOOL DISTRICT NO. 502
P.O. BOX 698
FERNDAL, WA 98248

RESEARCH/PROJECT APPLICATION FORM

Please fill in all applicable information. If more space is needed to answer any item, attach additional sheets.

Name of Researcher: _____ Date: _____

Mailing Address: _____ Office Phone: _____

_____ Home Phone: _____

A. STATUS OF RESEARCHER

<p><u>District Employee:</u></p> <p>Position _____</p> <p>School/Program _____</p>
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<p><u>Student:</u></p> <p>Status: Undergraduate _____ Graduate _____</p> <p>Institution attending _____ Department _____</p> <p>If this is a thesis/dissertation requirement, please indicate:</p> <p>Masters Degree _____ Doctoral Degree _____</p> <p>If required for another purpose, please specify: _____</p> <p>_____</p>

<p><u>Other:</u></p> <p>Position _____ Employer _____</p>

B. EXPLANATION OF RESEARCH

1. Title of study _____

2. Purpose of study _____

3. Is this study legally mandated? _____

If so, by what agency or authority (please be specific) _____

4. Approximate dates of the collection of data:

From _____ To _____

5. Expected completion date of final report: _____

6. List the name(s) of the school (s) in which you propose to conduct the study.

7. Indicate the number of participants and the approximate amount of time (in minutes) which would be required for each participant:

	Students (By Grade)	Teachers (By Grade)	Principals	Parents	Other (Specify)	TOTAL
Number of Participants						
Time per Participants (minutes)						

8. Describe the procedure which you will use to select participants. (Be specific)

9. Who will be responsible for administering tests or questionnaires?

10. Describe school records that you wish to examine and indicate how they relate to your study.

11. Describe the instruments, forms, questionnaires, or tests which you would use to collect data and explain how those instruments relate to the purpose of the study.

12. Study Design:

a. What is the hypothesis?

b. What are the variables?

c. How will the data be analyzed?

13. List the facilities at each school that you will need (e.g., tables, chairs, room, etc.).

14. Do you plan to utilize parent permission forms? Yes _____ No _____

If so, attach a copy. Permission forms will be sent through the principal. If the project is approved, the district will require a photocopy of all signed parent permission forms.

15. How do you plan to report the results of the student, and to whom? (If approved, the researcher will supply the Assistant Superintendent with an abstract of the final report.)

16. Describe the ways in which students will benefit from your study.

17. Describe the ways in which the Ferndale School District will benefit from your study.

18. To each of the three copies of this application, attach the following:
- a. A copy of all questionnaires, forms, tests, and communications which will be given to participants.
 - b. A synopsis of your proposed study.
 - c. A summary of any related research, if applicable.
 - d. If applicable, one copy of a research proposal or dissertation prospectus should also be attached.
19. Requirement for college/university-related proposals.

Approval of Supervisor Study Advisor	
I have reviewed this research request, the description of the research study and the attached instruments, and give my approval for this study. I assure the Ferndale School District that the Assistant Superintendent will receive an abstract of the final report.	
Name _____	Position _____
School/Institution _____	
Department _____	Phone _____
Signature _____	

FERNDALDE SCHOOL DISTRICT NO. 502
Ferndale, Washington

Date:

MEMORANDUM

TO:

FROM: Jan Marchbanks, Assistant Superintendent

SUBJECT: Review of Attached Research Study

I am currently reviewing the attached research application to assess potential merits and problems of the study. Using the criteria on the attached pages as guidelines, I would appreciate your evaluation of the study.

Please return this form to me by _____. If you have any questions, please contact me.

Thank you for your assistance.

PRINCIPAL AND/OR SPECIALIST REVIEW

Researcher _____

Title of Study _____

1. Perceived value of proposed research to the District.

2. Perceived value of proposed research to the student.

3. Potential problems, including impact on students and District personnel.

4. Adequacy of research design (e.g., subjects, instruments).

5. Recommendation:

- | | |
|---|--|
| <input type="checkbox"/> Strongly recommend | <input type="checkbox"/> Recommend with qualifications noted below |
| <input type="checkbox"/> Recommend | <input type="checkbox"/> Do not recommend (please explain) |

Qualifications:

6. Comments:

Signature of reviewer

SUPERINTENDENT'S RECOMMENDATIONS

Researcher _____

Title of Study _____

1. Recommendations

_____ Strongly recommend

Mandated:

_____ Compliance with funding agency

_____ Statutory requirement

_____ Recommend

_____ Recommend with the qualifications noted below

_____ Do not recommend (explain)

Qualifications:

2. Additional Comments: