



MCPS: Application for Research & Surveys

Please complete all sections and electronically submit this document and supporting attachments in one email to researchstudies@mauryk12.org. All sections of this application are required. Your application will not be reviewed if any applicable section is missing or incomplete.

Applications will be reviewed Quarterly, on 9/1, 12/1, 3/1, and 6/1. Please submit completed applications no less than 30 days prior to review date. Applications received less than 30 days prior to review date may be reviewed in the next cycle.

1. Research Applicant Contact Information – Principal Investigator

Title <input type="checkbox"/>	First Name <input type="text"/>	Last Name <input type="text"/>	Are you a MCPS employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
MCPS Role <input type="text"/>		Address 1 <input type="text"/>	Address 2 (if applicable) <input type="text"/>
City <input type="text"/>		State <input type="text"/>	Zip Code <input type="text"/>
Email Address <input type="text"/>		Phone <input type="text"/>	Phone 2 <input type="text"/>
Additional Researcher(s) Contact Information (if applicable)			
1	Title <input type="checkbox"/>	First Name <input type="text"/>	Last Name <input type="text"/>
Role in Research Project <input type="text"/>		Email Address <input type="text"/>	Phone <input type="text"/>
2	Title <input type="checkbox"/>	First Name <input type="text"/>	Last Name <input type="text"/>
Role in Research Project <input type="text"/>		Email Address <input type="text"/>	Phone <input type="text"/>
3	Title <input type="checkbox"/>	First Name <input type="text"/>	Last Name <input type="text"/>
Role in Research Project <input type="text"/>		Email Address <input type="text"/>	Phone <input type="text"/>

2. Research Project Information

Project Title <input type="text"/>	
University/Institution/Organization with which you are affiliated: <input type="text"/>	Your role at University/Institution/Organization (e.g., student, professor, researcher) <input type="text"/>

If the proposed project is being conducted to fulfill a graduation or course requirement, please indicate the type:

Master's Ed.S. Ed.D. Ph.D. N/A or Other Purpose

If N/A or Other, please explain:

University Advisor's Name(if applicable): University Advisor's Phone Number: University Advisor's Email Address:

***If you are a graduate student, attach signature approval from your advisor or university committee.**

Do you have approval from your Institution's IRB (required)?

Yes (Include the approval letter as an attachment.)

No (Explain why in the space provided.)

3. Project Description

Clearly explain your research topic(s) of interest and state the purpose of conducting this study.

Provide a brief literature review to support the purpose of conducting this study. If necessary, attach as a separate doc.

Anticipated Start Date:

Anticipated End Date:

List your research questions and/or hypotheses:

4. Research Design, Methodology, and Data Analysis

Please provide a brief summary of your research or evaluation design, including statistical analysis procedures, recruitment methodology and logistics, as well as any inclusion/exclusion selection criteria. If you will be implementing a new program or curriculum, please include a detailed description of the program/curriculum here as well.

If you need more space than provided, please send additional pages of explanation as an attachment labeled "Additional Research Design, Methodology, and Data Analysis."

Please indicate the MCPS schools you wish to include in your study below. Enter how many schools and the names of the schools. If you are not proposing to include any schools in your study, please move forward to the next category within this section.

How many MCPS high schools do you hope to include?

Which specific high schools?
(please list):

How many MCPS middle schools do you hope to include?

Which specific middle schools?
(please list):

How many MCPS elementary schools do you hope to include?

Which specific elementary schools?
(please list)

Please list any other schools involved in your study (the number and the names):

Are you collecting new data directly from participants? Yes No (if no, skip to next section)

If yes, indicate which participant population from which you hope to recruit (check all that apply):

Students Teachers School Administrators Parents/Guardians Other School Staff (counselors, other support) Other

What data collection methods do you plan to use?

Please indicate the number of participants, time required, and frequency for each method involved in your study. Skip the participant rows which do not apply to your study.

**Minutes: time required for each survey, interview, etc. (in minutes)

**Frequency: how many will occur during the course of your study

Number of Participants (numeric, i.e., 100)	Survey / Assessment		Interview / Focus Group		Observation		Audio / Video Recording*	
	Minutes	Frequency	Minutes	Frequency	Minutes	Frequency	Minutes	Frequency
Students:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Teachers:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School Administrators:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parents/Guardians:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other School Staff:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE NOTE:

- **Include a copy of all data collection instruments (e.g., survey questions, interview protocol, etc.) as attachments to this application.**
- **If you will be collecting new data directly from students or if you are requesting identified student level data, you must obtain parental consent.**
- **Include a copy of all forms for assent and/or consent (teachers, parents, principals, etc.).**
- **Include a copy of all recruitment language that you will be sending out to solicit participation.**
- ★ **Audio/Video Recordings should be explicitly addressed in the consent form(s).**

5. Requesting Existing Data for Your Study

Are you requesting to use existing data provided by the District? Yes No (if no, skip to next section)

If yes, what data elements are you requesting?

Demographics Attendance Discipline Grades/
Courses Tests/
Assessments Other

If other, please explain:

Detailed Description of Variables:

Please be as specific as possible. For example, instead of "test scores and discipline," you would request "de-identified reading TCAP percentile scores and number of behavior incident counts for 7th grade students at [school name] for school years 2012-13 and 2013-14.

Note that all data files will be delivered through a secure method.

By what date do you hope to receive the data?

6. Dissemination of Results

What is your plan for disseminating results from your study?

Please be sure to address how you will report results back to the participating schools and to the District (required), and any plans you have to report results to audiences other than the schools or the District. Be specific.

7. Benefit to MCPS

How will the study directly and indirectly benefit the students and/or stakeholders of Maury County Public Schools?

8. MCPS Researcher Statement of Assurances

Initial <input type="text"/>	1. I understand and agree to comply with the Family Educational Rights and Privacy Act (FERPA), the Tennessee Public Records Act and Board policy regarding the disclosure of personally identifiable information on any MCPS student. I understand and agree that I will not disclose such information to anyone but the student's parent/legal guardian or MCPS staff, in accordance with these laws and policy.
Initial <input type="text"/>	2. I agree to access student(s) only at the time and place designated by the school(s) principal(s). I agree to comply with the school(s) visitor policy.
Initial <input type="text"/>	3. Every individual associated with this research project who, during the course of research activities, will be physically present on any MCPS property and/or will have any contact with MCPS students while acting in their capacity as a researcher or research assistant will undergo a criminal background check through the MCPS Human Resources fingerprinting process.
Initial <input type="text"/>	4. Within a reasonable time period after the conclusion of my research I will provide to MCPS a policy brief that includes a summary of my study and policy relevant findings. If engaged in a multi-year study I will also provide annual updates during the course of my research. All materials will be sent to the address on the front of this application.
Initial <input type="text"/>	5. Unless provided with the expressed written permission of the Data Assessment Coordinator outlining other arrangements, within one year of the completion of study data collection I agree to permanently destroy all individual paper and electronic records containing individual MCPS student data. Consent forms are excluded from this requirement.
Initial <input type="text"/>	6. I agree to hold MCPS harmless from and against any claims, demands, actions, liens, rights, subrogated or contribution interests, debts, liabilities, judgments, costs, and attorney's fees, arising out of, claimed on account of, or in any manner predicated upon by my participation in the research and survey process on MCPS properties or in any way related to completion of project described herein.
Electronic Signature:	<input type="text"/>
Date:	<input type="text"/>

9. Supporting Documents

Please include the following documents with your application. If not applicable, please explain the reason why in the space marked "other"

1. Signed letter of endorsement from academic advisor (Required for graduate students)	<input type="checkbox"/>	5. Parent Consent Form (Required for their child's participation)	<input type="checkbox"/>	9. Survey(s)/ Assessment(s) (Required)	<input type="checkbox"/>
2. Signed letter of approval from your institution's IRB (Required)	<input type="checkbox"/>	6. Parent Consent Form (Required for parental participation)	<input type="checkbox"/>	10. Focus Group/Interview Protocol(s) (Required if applicable)	<input type="checkbox"/>
3. Participant Recruitment Letter/ Email (Required)	<input type="checkbox"/>	7. Student Assent/Consent Form (Required for student participation).	<input type="checkbox"/>	11. Observation Protocol(s) (Required if applicable)	<input type="checkbox"/>
4. Signed Principal Letter of Support (Required)	<input type="checkbox"/>	8. Teacher or Other School Staff Consent Form (Required for all participating teacher/staff)	<input type="checkbox"/>	12. Additional Details of Research Design, Methodology, and Data	<input type="checkbox"/>
Other (please specify in the space provided)	<input type="checkbox"/>	<input type="text"/>			