

LONGVIEW INDEPENDENT SCHOOL DISTRICT RESEARCH REQUEST APPLICATION FORM

This form will assist the Department of Administrative and Pupil Services in reviewing the research request. The researcher is asked to complete this form and furnish other information requested in order for the application for research to be reviewed promptly. Please place a N/A (not applicable) where appropriate.

SOURCE OF REQUEST		
Date:		
Principal Investigator(s):		
Project Title:		
Person Making Request or Contact Person:		
Position and work location (if student, so indicate):		
Home Address:		
Home Telephone:	Work Telephone	E-mail Address
PROJECT AFFILIATION		
<ul style="list-style-type: none"> • Is this project affiliated with an Institution <input type="checkbox"/> or Agency? <input type="checkbox"/> 		
Name of Institution or Agency:		
Department:		
Name of research advisor/supervisor:		
Title or position:		
<ul style="list-style-type: none"> • Is this project a: master's thesis <input type="checkbox"/> doctoral dissertation <input type="checkbox"/> requirement for a course <input type="checkbox"/> other <input type="checkbox"/> 		
<ul style="list-style-type: none"> • If this project is not affiliated with an agency or institution, please describe other affiliation: 		

SUPPORT FOR PROJECT: (check one)

- Supported primarily by institution or agency making the request
- Personal funds of the investigator(s)
- Grant Funds
Name of organization funding grant:
- Other: Please describe.

GENERAL PROJECT DESCRIPTION

Provide a brief outline of procedure (number of schools, total populations to be involved, data to be gathered, how data will be gathered, etc.)

What is the timeline of the project?

What amount of time is required for the participants of this study?

What data, if any, are needed from district records?

Describe the methods of maintaining confidentiality:

Describe the potential benefits of your project to Longview ISD:

AGREEMENT

In the event the project is approved, the investigator(s) agrees to the following conditions:

To adhere to the purpose and procedures of the project as approved by the district.

To provide the district with a copy of all publications, including dissertations, reports, articles, and papers, describing the completed project.

To give permission for the district to cite the ongoing or completed project in its own publication, with credit to the investigator(s).

To comply with the Family Education Rights and Privacy Act.

To report only group data, and no information which can be traced directly or by inference to specific students, family members or school.

If student identification by name, social security number, or other means is necessary for bringing data together on a specific student, to remove this identification as soon as data have been assembled, and under no condition permit this identification to be shared with other parties.

To destroy all materials gathered which contain personally identifiable information after the purposes for which the material was gathered have been completed.

Investigator's Name (printed)

Investigator's Signature(s)

University Faculty Sponsor's Signature

University Department Chairperson's Signature

Return to:

Jody Clements, Assistant Superintendent
Department of Administrative and Pupil Services
Longview Independent School District
P. O. Box 3268
Longview, TX 76506
(903) 381-2342
Email: jclements@lisd.org

Research Request:

Approved Denied

Date: _____

Superintendent

Assistant Superintendent