



For Office Use Only
PCS IRB # _____

This form **MUST** be completed and approved by the Office for Accountability, Research, and Measurement **PRIOR** to collecting data and conducting research with Pasco County Schools.

Instructions

1. Complete the entire form.
2. Submit two (2) paper copies of the complete application AND one electronic PDF file containing all documents (including appendices, IRB letter, consent forms, etc.). The electronic file should be loaded in a Flash drive and included in the package that contains the application. Name the file with the Researcher's name in the format LastName FirstName.
3. Complete and include the checklist.

Note: Email applications will NOT be accepted.

Mail the complete paper application to

Peggy Jones, Ph.D.
Pasco County Schools
Office for Accountability, Research, and Measurement
7227 Land O'Lakes Blvd.
Land O'Lakes, FL 34638

IMPORTANT: When referencing an approved research study, use the researcher's name from the application AND the PCS IRB assigned number.

For questions about the application process, contact Rebeca Arndt at rarndt@pasco.k12.fl.us or 813-794-2337

Instructional Review Board

Research Application Checklist

Applicant

First Name: _____ Last Name: _____

This checklist denotes the required components for a research application. For your application to be processed, all documents must be complete. Please use this checklist to make sure you have included all of the necessary documents.

Documents	Check	Explanation, if not included
1. Checklist	<input type="checkbox"/>	
2. Signed Application Form	<input type="checkbox"/>	
3. IRB from university/institution	<input type="checkbox"/>	
4. School Principal or District Support, if applicable	<input type="checkbox"/>	
5. Adult Consent Form, if applicable	<input type="checkbox"/>	
6. Student Assent Form, if applicable	<input type="checkbox"/>	
7. Parent Permission Form, if applicable	<input type="checkbox"/>	
8. One-page letter/summary that can be shared with principals describing the tasks required of teachers, students, or schools.	<input type="checkbox"/>	
9. Flash drive containing PDF of the documents	<input type="checkbox"/>	

Application to Conduct Research

Please print or type

Title of Research Project:

Name of Applicant:

Dr. Mr. Mrs. Ms. Other (specify) _____

First Name: _____

Last Name: _____

Address:

Contact Information:

Cell Phone: _____

Home Phone: _____

Business Phone: _____

Email Address: _____

Why are you conducting this study (e.g., graduate course, thesis, grant, etc.)?

Research Affiliation (Name of the University/Institution/Agency)

Dissertation Chair/Grant Director/Project Advisor

Name: _____

Title: _____

Signature: _____

Is the applicant a current employee of Pasco County Schools? Yes: No:

If yes, what is your current location?

Will the research be confined to the school where the applicant is an employee? Yes: No: N/A:

Timeline:

Anticipated Starting Date: _____

Anticipated Completion Date: _____

Primary Purpose:

Primary Research Question(s):

Describe the benefits to the students and/or the school district.

Describe or name the instrument you plan to use. *Include a copy of the survey form or instrument with your application.*

List the data you will be requesting from the District. Be specific.

Is the applicant willing to pay for the retrieval of data, if necessary? Yes: No:

Indicate the number of expected participants in your research (for Pasco).

Grade	Students	Grade	Students	Grade	Students
PK	<input type="text"/>	4	<input type="text"/>	9	<input type="text"/>
KG	<input type="text"/>	5	<input type="text"/>	10	<input type="text"/>
1	<input type="text"/>	6	<input type="text"/>	11	<input type="text"/>
2	<input type="text"/>	7	<input type="text"/>	12	<input type="text"/>
3	<input type="text"/>	8	<input type="text"/>	Adult	<input type="text"/>

Group	# Needed	Time Required	Specific Schools
Students (based on count above)	<input type="text"/>		
Teachers	<input type="text"/>		
Principals	<input type="text"/>		
District Staff	<input type="text"/>		
Other	<input type="text"/>		

Comments regarding number of participants:

Describe the data collection methodology. What is the procedure to collect data (e.g., interviews, observations, online surveys, focus groups, etc.)? How will consent be secured?

Describe the statistical/analytical technique(s) which will be used to analyze the data. Specify the degree to which anonymity will be maintained in reporting results.

List the major activities or phases of the study, approximate timelines for completing each phase and the expected completion date.

List any special services or resources which are required for the completion of the study (e.g., videotaping, audio recording, etc.)

Signature of Applicant

Note to Researcher: if you are approved by the District and you are seeking approval at the school level, a copy of your District approval letter MUST be shown to the school principal.

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Approved - Yes: No:

Date: ___/___/20___

Conditions, if any:

Signature of Director or Designee