



ForOfficeUseOnly  
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

Rebeca Arndt, 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](mailto: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: \_\_\_\_\_

<b>Type of Study</b>	Degree Requirements/Graduate Student <input type="checkbox"/> Dissertation <input type="checkbox"/> Thesis <input type="checkbox"/> Other (specify) _____
	Professional Research <input type="checkbox"/> University <input type="checkbox"/> Agency <input type="checkbox"/> Other (specify) _____
	Pasco County Schools Contracted Research Proposal <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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<b>Type of Application</b>	<input type="checkbox"/> New Proposal <input type="checkbox"/> Multi-year study <input type="checkbox"/> Modification
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**Dissertation Chair/Grant Director/Project Advisor**

<b>Name:</b>	
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**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: \_\_\_\_\_

Expected Date of Findings to Pasco County Schools \_\_\_\_\_

**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.***

**Data Requested.**

The proposed research involves primary data collection (e.g., survey, interviews/focus groups, observations). If yes, please include copies of all the instruments.

☐ Yes

☐ No

The proposed research involves secondary data (e.g., demographics, assessment scores, attendance)

☐ Yes

☐ No

If yes, a detailed secondary data request must be included with the research application, containing data element(s), school year(s), grade level(s), and data request population (i.e., school(s)/department(s) requested and the reason why the school(s)/department(s) were selected for this research.

**Data Retention Information and Destroying Data:**

The conditions for data retention and data destruction are outlined in the data use agreement signed and dated by the IRB applicant after the IRB approval is obtained.

**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		4		9	
KG		5		10	
1		6		11	
2		7		12	
3		8		Adult	

Group	#Needed	Time required	Specific Schools
Students (based on count above)			
Teachers			
Principals			
District Staff			
Other			

**Comments regarding the 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