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| Applicant's Name | | | | | | | |  | | | | Title/Position | | | | | | | | | | | | | |
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| Phone Number | | | Mailing Address | | | | | | | | | | | | | | | | | Zip Code | | | | | |
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| Highest Degree Held by Applicant | | | | | | | |  | | | | Current University Affiliation | | | | | | | | | | | | | |
| Is this project a master's thesis or doctoral dissertation? | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | (indicate which) | | | | | | | | | | |
| Anticipated starting and ending dates of data collection: | | | | | | | | | | | | | | |  | | |  |  | | | | | |
|  | | | | | | | | | | | | | | | (starting) | | |  | (ending) | | | | | |
| Project Title: | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| If the applicant does not currently possess a doctoral level degree, a University faculty sponsor's signature is necessary. The sponsor must have a doctoral degree. | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIVERSITY FACULTY SPONSOR  I hereby certify that I have reviewed this research proposal and can attest to its value as a contribution to science and to its methodological soundness. | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Typed name & position of sponsor | | | | | | | |  | | | Date | |  | Phone | |  | Signature | | | | | | | | |
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| UNIVERSITY DEPARTMENT CHAIRMAN  I hereby certify that this research proposal possesses all requirements for research in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | | | | | | |  | | |
| Date | | |  | |  |  |  | Signature of Department Chairman | | | | | | | | | | | | | |  | | | |
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|  |  | | |  | | | | | | Typed Name of Department Chairman | | | | | | | | | | | | |  | | |
|  |  | | |  | | | | | |  | | | | | | | | | | | | |  | | |
| APPLICANT  I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the ensuing research project will be conducted as stated in the proposal. I further certify that all legal requirements for the protection of human subjects will be met by the ensuing research project. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | | | | | | |  | | |
| Date | | |  | |  |  |  | | Signature | | | | | | | | | | | |  | | | | |

Applicant's Name

ABSTRACT (brief summary of project, including the reason for conducting the research, the research methods, and anticipated results):

Applicant's Name

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| Describe the primary target population. | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| PARTICIPANTS (Indicate the number of participants  in each of the following categories.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| STUDENTS: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade | | K |  | 1 |  | 2 | | |  | 3 | |  | 4 | | |  | 5 |  | 6 |  | | 7 | |  | 8 |  | 9 | |  | | 10 | |  | 11 |  | 12 | |  | | Total |  | |
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| Regular Ed. | |  |  |  |  |  | | |  |  | |  |  | | |  |  |  |  |  | |  | |  |  |  |  | |  | |  | |  |  |  |  | |  | |  |  | |
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| Special Ed. | |  |  |  |  |  | | |  |  | |  |  | | |  |  |  |  |  | |  | |  |  |  |  | |  | |  | |  |  |  |  | |  | |  |  | |
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| Other/Specify | |  |  |  |  |  | | |  |  | |  |  | | |  |  |  |  |  | |  | |  |  |  |  | |  | |  | |  |  |  |  | |  | |  |  | |
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| Total | |  |  |  |  |  | | |  |  | |  |  | | |  |  |  |  |  | |  | |  |  |  |  | |  | |  | |  |  |  |  | |  | |  |  | |
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| STAFF: | | Teachers | | | | |  | Aides | | | | | |  | Principals | | | | | |  | | Other  Admin. | | | | |  | | Supervisors | | | | | | |  | | Total | | |  | |
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| Indicate the amount of time that would be required of each participant in each of the above categories. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many classroom hours would be required for this project, and approximately how many classes would be involved? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Would you need to examine any records kept by Spring Branch Independent School District? If so, describe them and explain why they are needed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Applicant's Name

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| What other special requirements will your research project be making on Spring Branch Independent School District? |
| In what form and by what date will you make the results available to Spring Branch Independent School District? |
| What costs do you anticipate for Spring Branch Independent School District to ensure a successful completion of your project? |
| Describe the potential benefits of your project to Spring Branch Independent School District? |
| What steps will you take to guarantee the anonymity of individual participants? |

Applicant's Name

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| Outline your proposed procedure for obtaining the informed consent of the participants and their legal guardians. |
| Describe the procedures to which each participant will be exposed. |
| Describe potential benefits to individual participants. |
| Describe the research design of the proposed project. |

\* The district reserves the right to terminate any research study/activity in progress at its discretion.

***Return electronically to:***

Michael.Thomas2@springbranchisd.com

Michael Thomas, Director for Accountability and Research