

St. Johns County Schools
40 Orange Street
904.547.7522

APPLICATION TO CONDUCT RESEARCH

*This form must be completed by the applicant and signed by the **Senior Director for Accountability and Intervention Services** prior to collecting data and conducting research in St. Johns County Schools.*

PLEASE PRINT

Name: _____
Last Name First Name

Mailing Address: _____
Street City
State _____ Zip Code _____
Phone _____ Fax _____

Title of Research Project: _____

University/Agency Affiliation/Degree Sought: _____

Project Director or Advisor: _____ Phone: _____

Address: _____

E-mail: _____

Signature of Advisor: _____

Primary research question and/or purpose: _____

Describe activities: _____

# of Participants	Detailed amount of time involved: (days, hours, etc.)	Specify/Describe items needed: (grades, observations, interviews, etc.)	List school(s) & grade level(s)
Students			
Teachers			
Administrators			

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ESTIMATED INVOLVEMENT

Describe benefits to students and/or school system:

Describe how any interruption to instruction time will be minimized:

Describe how all participants' privacy will be protected:

When will research be conducted?

I understand and will abide by the laws related to protection of human subject rights and privacy. I will maintain confidentiality of all records and I will destroy and eliminate any reference to school, district, or individual identity.

Researcher's Signature

Date

ATTACH A COPY OF YOUR INSTRUMENT(S)

OFFICE USE ONLY

Granted _____ Denied _____ Date: _____

Senior Director for Accountability and Intervention Services Signature

NOTE TO RESEARCHER / REQUESTER: When seeking approval at the school level, a copy of this form signed by the **Senior Director for Accountability and Intervention Services** must be shown to the school principal.