

St. Johns County Schools
40 Orange Street
904.547.7522

APPLICATION TO CONDUCT RESEARCH

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: _____

Chief of Staff Signature

NOTE TO RESEARCHER / REQUESTER: When seeking approval at the school level, a copy of this form signed by the **Chief of Staff** must be shown to the school principal.