

Submit this form and a copy of your proposal to:
Accountability, Research, and Assessment
P.O. Box 271
Orlando, FL 32802-0271

Orange County Public Schools
RESEARCH REQUEST FORM

Your research proposal should include: Project Title; Purpose and Research Problem; Instruments; Procedures and Proposed Data Analysis

Requester's Name _____ Date _____
Address: Home _____ Phone _____
Business _____ Phone _____
Project Director or Advisor _____ Phone _____
Address _____

Degree Sought: (check one) Associate Bachelor's Master's Specialist
 Doctorate None

Project Title _____

ESTIMATED INVOLVEMENT

PERSONNEL/CENTERS	NUMBER	AMOUNT OF TIME (DAYS, HOURS, ETC.)	SPECIFY/DESCRIBE GRADES, SCHOOLS, SPECIAL NEEDS, ETC.
Students			
Teachers			
Administrators			
Schools/Centers			
Others (specify)			

Specify possible benefits to students/school system: _____

ASSURANCE

Using the proposed procedures and instrument, I hereby agree to conduct research in accordance with the policies of the Orange County Public Schools. Deviations from the approved procedures shall be cleared through the Senior Director of Accountability, Research, and Assessment. Reports and materials shall be supplied as specified.

Requester's Signature _____

Approval Granted: Yes No Date: _____

Signature of the Senior Director for Accountability, Research, and Assessment _____

NOTE TO REQUESTER: When seeking approval at the school level, a copy of this form, signed by the Senior Director, Accountability, Research, and Assessment, should be shown to the school principal.

Reference School Board Policy GCS, p. 249