

RESEARCH REQUEST FORM

Please note: Reflecting state and federal guidelines, MISD cannot freely disclose who receives free and reduced price lunches. To obtain this information, consent forms must explicitly state a researcher's intent to obtain this information, that the information will be used only for the research indicated and will not be re-disclosed. The signed consent form must also specifically request that MISD provide the lunch status information to the researchers.

Additionally, employees of the District often need access to sensitive information to carry out their jobs, however this access does not grant them permission to use data for reasons other than the specific purposes for which they were granted initial access. Schools and school staff are generally not considered "Owners" of data for purposes of determining the appropriateness of its release. A data owner is the administrator, director or supervisor of the division that collects and/or uses data on behalf of the entire District. In other words, just because a teacher has access to testing information does not give them explicit right to use this information without permission.

External Research Request for Access Form

*Required Fields

* Date _____

* Name of Applicant _____

* Phone Number _____

* Email Address _____

* Street Address _____

* City _____ State _____ Zip _____

* Title of Project _____

* Name of Direct Supervisor _____

Abstract

* Describe in 700 words or less what your project will address; the procedures you will employ; the expected outcome in terms of your hypotheses, objective and possible benefits your completed project will have for MISD. This abstract must be a synthesized statement. Please do not simply state "see attached" as most protocols will exceed this limit.

Enter abstract information here:

* Project staff (Name and role): List all project staff, including anyone involved in data collection and/or analysis.

* Number of students involved _____

* Estimated total time required of students _____

* Number of teachers involved _____

* Estimated total time required of each teacher (expressed in hours) _____

* Number of additional MISD staff involved (may include administrator, clerical, etc.) _____

* Will materials from the cumulative records of students or teacher be required? Yes No

* If yes, detail materials that will be used.

* At what grade level is the project to be conducted? _____

* At what school(s) will the research be conducted? (List schools)

* How long is the study projected to run? _____

* Anticipated start date? _____

* How will subject's anonymity be protected? (List details)

* How will parent permission be obtained? Or NA (List details)

* If applicable, how will students' assent/consent be obtained? (List details)

*IRB/HSRB permission if applicable. Yes No NA

I've met all requirements for submission of all documents.

Submit

Email all required documents listed below to Beth Nicholas at bnicholas@mesquiteisd.org

- Survey
- Questionnaire
- Test Forms
- Interview Protocols
- Other