



Office of Research and Assessment
Douglas County School District

Application to Conduct Research in Douglas County School District

Please complete this form in its entirety. All requested information must be included when submitting this application. If your response is not-applicable, please note NA in the space provided. When complete, send or email the application and all required documentation to:

Jed Bowman, Ph.D., Executive Director of Research and Assessment
Douglas County School District
620 Wilcox Street
Castle Rock, CO 80104
303-387-0137 (office); 303-387-0114 (fax)
jed.bowman@dcsdk12.org

Part A: Contact Information

Name of Researcher:	Date:
Researcher's Organization/Position:	Home Address:
Work Phone:	Home Phone:
Email Address:	Fax #:

Part B: Research Project

Title of Study:
Purpose of Study:
Describe the anticipated benefits of the research to Douglas County School District:
List the School(s) where the study will be conducted:
State the approximate number of possible participants:
Will there be any expenses expected to be paid by DCSD? If yes, please explain.
List the facilities needed at each school to conduct this research (i.e. rooms, computers, tables, etc.):



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Part C: Research Design

Have you had any contact with the school(s) involved? <ul style="list-style-type: none">• If yes, with whom did you speak and what was the outcome? (Please attach written confirmation.)• If no, how will you request participation from the school(s)?
Describe how participants will be selected for this study:
How will participant (parents, students, educators, others) permission be obtained?
How will you ensure participants' anonymity?
How much school time (if any) will be necessary for the participants of this study?
If no school time will be used, please explain:

Part D: Research Methods

Describe the research methods and procedures of the study (please include a timeline for each activity):
Describe or attach the instruments, forms, questionnaires, or tests to be used to collect data. Explain how they relate to the study:
If applicable, who will be responsible for administering tests or questionnaires?
How, when and to whom will you report results of the study?
When is the expected date of completion of a final report?



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Do you plan to submit results for journal publication?

Part E: Other

What support, if any, will you need from the Office of Research and Assessment in DCSD?

Please attach the following to this application:

- A copy of all questionnaires, forms, tests, waivers, and/or any other communication distributed to participants
- Permission forms (students, parents, educators, others)
- A brief summary of your research proposal or dissertation
- Letter(s) of agreement from participating school(s)

Statement of Researcher:

In submitting this application, I assure Douglas County School District that I will conduct the research in all respects according to conditions under which this application may be approved. In compliance with the Family Education Rights and Privacy Act of 1974, I assure the district identifiable data collected for this study will be kept confidential. Upon completion of this research, I will provide a copy and an abstract of the final report to Douglas County School District's Office of Research and Assessment and to the participating school(s).

Principal Investigator

Date

Mailing Address