Frederick County Public Schools

APPLICATION TO CONDUCT RESEARCH

*** NO RESEARCH WILL BE CONDUCTED PRIOR TO APPROVAL ***

SECTION 1: PRIMARY RESEARCH APPLICANT CONTACT INFORMATION

1. Applicant Name:

2. Research Affiliated Institution/Organization:

3. Address:

4. Email Address:

5. Home Phone: Work Phone:

6. Are you currently a FCPS employee? ☐ Yes ☐ No ☐ Former FCPS employee
If yes or former employer, provide your FCPS role and location:

SECTION 2: OTHER PERSONS INVOLVED WITH THE RESEARCH

7. Name: Title/Affiliation:

8. Name: Title/Affiliation:

SECTION 3: QUALIFICATIONS OF RESEARCHER

9. Is your research for an educational degree program? ☐ Yes, masters ☐ Yes, doctoral ☐ No

- Degree/major on which you are working:
- If not for a degree program, please specify other:

10. Years of work experience in this field:

SECTION 3: RESEARCH PURPOSE

11. Name of Study:

12. Purpose of Study:

13. Describe the benefits of the research to FCPS.

SECTION 4: RESEARCH DESIGN/PROCEDURES

14. Indicate the target population(s) and proposed data/data collection methods in your research.

Target Population	Postsecondary Data Analysis (specify)	Surveys	Interviews/ Focus Groups	Observations	Document Review	Other, specify:
☐ Students	☐	☐	☐	☐	☐	☐
☐ School Principal	☐	☐	☐	☐	☐	☐
☐ Teachers	☐	☐	☐	☐	☐	☐
☐ Parents	☐	☐	☐	☐	☐	☐
☐ Central office	☐	☐	☐	☐	☐	☐
☐ Other	☐	☐	☐	☐	☐	☐

15. School(s) of Interest:

☐ Elementary ☐ Middle ☐ High ☐ Not applicable

☐ Other, specify:

- If specific schools are included in your research, please indicate which schools:

16. Provide additional information describing your targeted populations for your study (e.g., number targeted for your sample, targeted grades, special services, or demographics, etc.).

17. Duration of research project:

18. Estimate the time required of research participants (students, teacher, and other school personnel) involved.

19. Indicate the research materials that are included with your research application.

☐ Detailed research protocol (includes purpose of research, research questions, recruitment, methods, data privacy/security, data analysis, and reporting)

☐ Copy of IRB approval (If not included, please explain)

☐ Consent form(s). No research project requiring home/family information or identification of individual students by name or code shall be approved without requiring informed parental consent. At minimum, consent forms should include a detailed explanation of the research and participant's involvement, benefits/risks, safeguards and confidentiality procedures, participant's voluntary choice to participate or withdraw, opportunity to receive copy of results, and contact to ask questions.

☐ Copy of survey(s)

☐ Copy of interview/focus group protocol or guide

☐ Other, specify:

SECTION 5: ADDITIONAL INFORMATION

20. Please provide any additional information regarding your research.

SECTION 6: SIGNATURE

Applicant Signature _____ Date _____

☐ For purposes of this form, my typewritten name is considered my signature.

☐ I understand that this application does not constitute an approval of the study for collection of data in the FCPS system.

☐ I have read and understand the policies and procedures outlined in FCPS Regulation No. 200-41.

SECTION 7: STATUS OF REQUEST

To be completed by FCPS staff only.

Rendered Decision: ☐ Approved ☐ Conditional approval ☐ Denied

Name of Reviewer:

Signature _____ Date _____

Aligned to FCPS Aspirational Goal(s): ☐ Goal 1 ☐ Goal 2 ☐ Goal 3 ☐ Goal 4 ☐ Goal 5