

**St. Mary's County Public Schools
Central Administration
P.O. Box 641
Leonardtown, Maryland 20650**

Independent Research Request Form

Please complete this form in full. If spaces provided are not sufficient, submit an open-ended form that duplicates all headings and questions as they appear on this form. Failure to respond to any item may result in the rejection of this request. (NOTE: Respond with 'N/A' if a question does not apply to your study.)

RESEARCHER INFORMATION
List the name(s) and title(s) of the author(s) of the study:
Telephone Number:
Identify the institution/organization sponsoring the study: (Name, Address)
OBJECTIVES:
State the objectives of your study:
Cite your research question(s):
State study rationale (Why is this study important?)
How will data from this study benefit the school(s) studied or St. Mary's County Public Schools (SMCPS)?
DATA COLLECTION
Identify the SMCPS school(s) that will be involved in this study:
How much time overall will you need to collect all the data for your study? (Indicate days per school.)
Suggest multiple dates on which you will be available to come to each school:
Describe the content of the instrument(s) that will be used:
Describe how the instrument(s) will be administered:
State the range of time that similar populations needed to complete the instrument(s):
Describe special accommodations, if any, for special populations (e.g., Special Education/ESOL/etc.):

(over)

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State the requirements for staff/teacher participation in terms of time and level of effort, if any:
SELECTION
Identify target population (number of students or classrooms, grade, age, etc.):
Indicate selection/sampling procedures to be used:
Describe intended data analysis procedures:
DISSEMINATION
Where will the data and/or report be published?
Describe your efforts to ensure confidentiality:
Describe your efforts to ensure that all data, analysis, and final report are shared with school principal(s), staff, and other affected parties:
ADDITIONAL REQUESTS SPECIFIC TO THIS PROJECT
(Additional requests, if any, will be included in this section.)
Please attach the following:
<ul style="list-style-type: none"> • Copy of all instruments to be used, in their final form. • Parent permission forms for all students who will participate. • Any other pertinent information that was not requested above.
Signature of Researcher:
Date Submitted:

Required Signatures:

I. Approval of Principal/Site Administrator _____ Date _____

II. Approval of Appropriate Director _____ Date _____

III. Approval of Chief Academic Officer _____ Date _____