



APPLICATION to PERFORM RESEARCH

I. Name of Primary Investigator _____

Position _____ Affiliation _____

Office Address _____

Home Address _____

Office Phone _____ Home Phone _____

Names of additional members of research team:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

II. Project Title _____

Description _____

Note: Please attach copies of any measures to be used (e.g. tests, questionnaires, surveys, etc.)

III. Participant Involvement

Number of Subjects

Time Requirements

Pupils: _____

Teachers: _____

Administrators: _____

Parents: _____

Describe the involvement required of subjects (or access to records if subjects are not required).

If applicable, describe any district archived data you will need.

Number of person visiting sites in connection with project: _____

Frequency of visits during a school year: _____

Total contact hours of the project: _____

IV. Project Requirements

Number and type of school:

Early Childhood Education (birth to kindergarten) _____

Elementary (K-5) _____ Middle school (6-8) _____ High school (9-12) _____

Adult Basic Education _____ Other _____ Grades required _____

Total number of schools _____ Total number of classrooms _____

Other school characteristics:

Do you require any specific schools? _____ If yes, please provide building names:

Start date of research: _____ End date of research: _____

Frequency of contact with subject(s): _____

V. Results

What is the anticipated value of the research?

In general:

To the Hazelwood School District:

VI. Dissemination

How will the results of your study be used? Will they be available to the public in any form? If so, what groups will have access to the results? Will the Hazelwood School District, or any individuals within Hazelwood, be identified in your reports? Please explain.

VII. References (You may omit names if you have promised confidentiality.)

Are other school systems involved in this research? _____

Please list _____

Have you conducted research in other school systems? _____

Please name _____

Date(s) _____

VIII. Human Subjects' Protection

Has this research been approved by a university or other institutional review for protection of human subjects?

Yes ____ No ____

If yes, please indicate which institution or, specific person reviewed the proposal and when?

If no, please explain why this proposal has not been reviewed for protection of human subjects:

Note: All researchers who plan to collect information from or about individual students should attach copies of the proposed consent forms and a brief description of planned procedures for obtaining informed consent. Research involving individual students may require the informed consent and signed agreement of parents or legal guardians.

HAZELWOOD SCHOOL DISTRICT

**External Research
Release of Liability Form**

In consideration of the Hazelwood School District allowing the undersigned to perform research of the type described in the Application to Perform Research and for such other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned does hereby release and forever discharge the Hazelwood School District, its Board members, administrators, staff members, agents and employees (hereinafter collectively referred to as "Release") from any and all claims, actions, liabilities, or suits of any kind or nature whatsoever, known or unknown, which the undersigned may now have or claim or may in the future have or claim against Releasee for bodily injury or property damage directly or indirectly arising from or occasioned in whole or part by the undersigned participating in the research in question, and agrees not to sue Releasee therefore.

The undersigned acknowledges that he/she has read the foregoing Release of Liability Form and that he/she understands it.

IN WITNESS WHEREOF, this Release has been executed this _____ day of _____, 20_____.

Witness (District Representative)

Applicant/Participant