



SANDRA "SAM" HIMMEL
SUPERINTENDENT OF SCHOOLS

"Where Learning is the Expectation
 And Caring is a Commitment"

**CITRUS COUNTY SCHOOLS
 RESEARCH PROPOSAL REQUEST**
 (Print or type – all items must be completed.
 Use additional paper if necessary.)

If you have any questions, contact the Dept. of Research & Accountability

Phone: 352-726-1931, ext. 2229

Email: LisaK@citrus.k12.fl.us

Date:	
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Does this request pertain to a grant funded project?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please provide the complete grant name and official funding agency below. NOTE: A copy of the grant paperwork MUST BE SUBMITTED WITH THE APPLICATION.				
Grant Name:	Funding Agency:			

NAME OF RESERACHER/PRINCIPAL INVESTIGATOR (Include title - i.e., Ms., Mrs., Mr., Dr., or Ph.D., Ed.D., etc.)				
COMPLETE ADDRESS (include city, state, building, apt. #, zip code)				

University or College:	
City/State:	
Advisor's Name & Title:	
Advisor's E-mail:	
Academic Department Phone:	

Are you an employee of the Citrus County Public Schools?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, at what location do you work?				
Phone # (area code):	E-mail:			

TITLE OF YOUR STUDY:	
BRIEF DESCRIPTION OF RESEARCH: (Hypothesis, research design, statistical treatment of data) NOTE: A copy of any tests, questionnaires, surveys, letters, IRB approval letter from the university, etc. MUST BE SUBMITTED WITH THE APPLICATION	
PROCEDURES:	
Population to be studied:	
Number of Participants:	
Grade Levels:	
Schools Involved:	
Distinguishing Characteristics:	
Treatment Proposed:	
Assessment Measures:	

ESTIMATED TIME REQUIRED:	
From Teachers:	
From Students:	
Estimated Date Study Will Begin:	
Estimated Date Study Will End:	

NOTE the following if request is approved:	
1.	If request pertains to a grant funded project, then the funding will need to be school board approved before the project may begin.
2.	If you will be entering a campus after hours to conduct your research involving adults only, you will be required to present the approved form to the principal or designee.
3.	If you will be entering a campus during school hours when students are present, but your contact with students will be supervised by school personnel, you will be screened upon arrival via the district RAPTOR program. You will need a driver's license and present a copy of this approved research form to the principal.
4.	If you will be entering a campus during school hours when students are present AND there is a possibility YOUR CONTACT WITH STUDENTS WILL NOT BE SUPERVISED BY SCHOOL PERSONNEL, you must complete a level 2 background screening through the district vendor approval process (at the researcher's expense). YOU WILL NOT BE ALLOWED TO DO YOUR RESEARCH UNTIL THE PROCESS HAS BEEN COMPLETED.

SIGNATURE OF RESEARCHER:	TITLE:	DATE:
X	Researcher	
X	University Supervisor	
X	School Principal (if study is to be conducted in a school)	

SIGNATURE OF DISTRICT APPROVAL:	TITLE:	DATE:
X	Director of Research and Accountability	
X	District Grant Writer (if request pertains to a grant funded project)	
X	Chief Finance Officer (if request pertains to a grant funded project)	

School Board Approval Date (if request pertains to a grant funded project)	Date:
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Submit this form and any accompanying materials to:

Citrus County Schools
 Research & Accountability
 1007 West Main Street
 Inverness, FL 34450
LisaK@citrus.k12.fl.us