

RESEARCH APPLICATION FORM

**CINCINNATI PUBLIC SCHOOLS
RESEARCH, EVALUATION AND TEST ADMINISTRATION
P.O. BOX 5381
CINCINNATI, OHIO 45201-5381**

COPIES OF THIS FORM WILL BE MADE;
THEREFORE, IT **MUST** BE TYPEWRITTEN.
IF NOT, IT WILL BE RETURNED.

DATE SUBMITTED: _____

CODE NUMBER: _____

Code Number Completed By Cincinnati Public Schools

NAME OF APPLICANT: _____ HOME TELEPHONE: _____

POSITION: _____ BUSINESS TELEPHONE: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

MEMBER OF CINCINNATI PUBLIC SCHOOLS STAFF: YES: _____ NO: _____

INSTITUTION: _____ DEGREE SOUGHT: _____

HAS INSTITUTIONAL REVIEW BOARD APPROVED THIS RESEARCH? YES: _____ NO: _____

GRANT IN AID FROM: _____

ADVISOR, PROJECT DIRECTOR, OR CHAIRMAN: _____

DEPARTMENT: _____ TELEPHONE: _____

IS A SIGNED COPY OF THE CINCINNATI PUBLIC SCHOOL'S RESEARCH PROTOCOL ATTACHED? YES: _____ NO: _____

RESPOND TO ITEMS DIRECTLY. ONLY ATTACH PAGES IF ADDITIONAL SPACE IS NEEDED

PROJECT TITLE:

BRIEF SUMMARY AND PURPOSE OF PROJECT:

PROSPECTIVE BENEFIT TO CINCINNATI SCHOOLS:

OTHER REASONS FOR CHOOSING THIS AREA OF STUDY:

INTENDED USE OF RESEARCH FINDINGS:

LIST PREVIOUS RESEARCH EXPERIENCE, PARTICULARLY IN A SCHOOL SETTING OR WITH MINORS:

OVER

RESPOND TO ITEMS DIRECTLY. ONLY ATTACH PAGES IF ADDITIONAL SPACE IS NEEDED

HYPOTHESIS TO BE TESTED OR INFORMATION OBJECTIVES:

INSTRUMENTS TO BE USED (ATTACH A FINAL COPY OF EACH):

PROCEDURES (INCLUDE STATISTICAL TREATMENT):

RISKS INVOLVED AND HOW RISKS WILL BE MITIGATED:

LOGISTICS:

POTENTIAL COSTS TO DISTRICT:

ULTIMATE FATE OF DATA AND RECORDINGS:

SCHOOL	SUBJECT (STUDENT, TEACHER, OTHER)	GRADE	ESTIMATE TIME REQUIRED BY EACH SUBJECT	NUMBER OF REPEAT VISITS

ATTACH ADDITIONAL INFORMATION IF NEEDED

ASSURANCES:

I HEREBY AGREE TO CONDUCT THIS PROJECT USING THE PROCEDURES AND INSTRUMENTS DESCRIBED IN THE APPLICATION AND IN ACCORDANCE WITH THE CINCINNATI PUBLIC SCHOOL DISTRICT'S POLICIES AND PROTOCOLS. A FINAL REPORT WILL BE SUPPLIED AS SPECIFIED IN THE PROTOCOL.

APPLICANT 'S SIGNATURE: _____

**SEND TO:
DR. ELIZABETH HOLTZAPPLE
DIRECTOR OF RESEARCH, EVALUATION
AND TEST ADMINISTRATION
CINCINNATI PUBLIC SCHOOLS
P.O. BOX 5381
CINCINNATI, OHIO 45201-5381**
