**Green Bay Area Public School District**

**Application to Collect Data (student or employee) and/or**

**to Conduct Research (of any type)**

**Date:**

**Personal Information:**

Name: Phone: ( )

Address: State: Zip Code:

E-mail address:

Are you currently employed by the Green Bay School District?

**Is this research/program evaluation/data collection/study: Yes No**

* Part of a degree/course requirement……………………………………….. 

If so, please specify Ph.D. Ed. D. M.S. B.S. Other:

* Personal interest……………………………………………………………………….
* Grant-funded by………………………………………………………………………..
* Government-sponsored/mandated participation ……………………..
* Government-sponsored/voluntary participation………………………..
* Not-for-profit-sponsored/mandated participation……………………..
* Not-for-profit-sponsored/voluntary participation ……………………..

**If you are a college student (undergraduate or graduate degree) please provide the following:**

Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University/College Name: City: State: \_\_\_\_\_\_\_

Academic Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are an Agency, Educational Research Service, Not for Profit, or a Business Affiliation (in other words, if you are not a student conducting research in association with degree attainment) please provide the following:**

Organization/University/College Name:

Department/Position/Title: Office Phone:

Address: City: State: Zip Code:

**In addition to the Research Application form and Application to Conduct Research Checklist, research applicants must provide Green Bay Area Public School District with the following information:**

1. Title of study
2. Purpose statement of the study
3. Research question(s)
4. Hypotheses
5. Research plan/study design
6. Data collection procedures
7. Study timeline (including important program due dates)
8. Benefit and implication to Green Bay Area Public School District (Explain how this study aligns with the Green Bay Area Public School mission and vision, priorities and the implication to staff time, resources, etc.)
9. Expectations of participants (amount of time necessary from participants, etc.)
10. Plan for reporting results
11. All associated documents in support of the research design
12. Participant consent forms
13. Copies of all surveys, interview and/or focus group questions
14. Observational protocol/data collection forms
15. Other
16. Proof-read and presented in final draft form

**The application process typically takes 4-6 weeks for approval. Once received, the application will be reviewed by the District Administration. If accepted, the applicant will be required to sign a Confidentiality/Non-Disclosure Agreement prior to the study’s initiation. Also, upon completion of the study, a copy of the final research product must be submitted to the Deputy Superintendent.**

**The entire packet of materials must be submitted to:**

Deputy Superintendent

Green Bay Area Public School District

200 South Broadway

Green Bay, WI 54303

**Application to Conduct Research Checklist**

**Green Bay Area Public School District**

**The application process typically takes 4-6 weeks for approval to conduct research in Green Bay.**

**Instructions for completing the checklist:**

With your application to collect data and/or to conduct research, include a separate document with a concise narrative (description) **addressing each of the points below in the order noted.**

By initialing the first column (Applicant Initials), the applicant indicates the components have been addressed. The Deputy Superintendent will complete the initial review of the request, provide feedback as necessary and return it to the applicant. The second step of the process is the review of the application by the District Administration for the areas covered by the data collection or the described research. Approval to conduct research or participation in data collection is dependent upon acceptance of the proposal by District Administration. The applicant will be expected to sign the *Green Bay Area* *Public School Confidentiality Agreement* and *Data Use Agreement* as defined by the District following acceptance and approval of the application.

| **Applicant**  **Initials** | **Narrative/Outlined Description of Research** | | **Reviewer Initials** | **Reviewer Feedback (if applicable)** |
| --- | --- | --- | --- | --- |
|  | **\*** | **Narrative/Outline has been provided** |  |  |
|  | **1** | **Title of study or the data collection project** |  |  |
|  | **2** | **Purpose statement for the study. Provide the theory or construct to support the study and/or data collection.** |  |  |
|  | **3** | **Research question(s) and/ or Hypotheses the study or the data collected will answer.** |  |  |
|  | **4** | **Research plan/study design – What is the detailed process for conducting this research** |  |  |
|  | **4a** | *-Description of setting(s) - where and when?* |  |  |
|  | **4b** | *-Description of participant(s) –who and how many? Include power analysis plans* |  |  |
|  | **4c** | **-***What is your sampling plan? Please be specific. Includes measures for sample size* |  |  |
|  | **4d** | **-***What are the variables you will measure? Specify the independent and dependent variable.* |  |  |
|  | **4e** | **-***What are the step-by-step procedures you will use in your study? Specify what the District is expected to do and what you will do as part of the study?* |  |  |
|  | **4f** | **-***What are the existing or newly-collected data you are going to be using as part of your study?* |  |  |

|  | **4g** | *-Data analysis techniques – What method(s) will you use to analyze the data you have gathered?* |  |  |
| --- | --- | --- | --- | --- |
|  | **4h** | *-How does the data align to and lead to the ability to answer the research question(s)?* |  |  |
|  | **4i** | *-What other information about your study design would be helpful for us to know or consider?* |  |  |
|  | **5** | **Data collection – How will you measure the variables?** |  |  |
|  | **5a** | *-Description of intervention, assessments, observational tools, review of records, etc.* |  |  |
|  | **5b** | ***-****What procedures will you use to conduct a field/pilot test of your instrument(s)?* |  |  |
|  | **5c** | *-How will you choose your pilot sample?* |  |  |
|  | **5d** | *-What data do you need to which you do not have access? Please be specific.* |  |  |
|  | **6** | **Study timeline** |  |  |
|  | **6a** | *-Important dates (When will you gather data, begin intervention/observation, analyze data, complete the report?) What are your important program dates?* |  |  |
|  | **7** | **Benefit and implication to Green Bay Area Public School District** |  |  |
|  | **7a** | *-How does this study align to Green Bay School’s mission and vision?* |  |  |
|  | **7b** | *-How does this study align to Green Bay School’s priorities?* |  |  |
|  | **7c** | *-What are the implications to staff, students, resources, etc.?* |  |  |
|  | **7d** | *-For Employees only: Are there aspects of this proposed study that are included as a part of your position in Green Bay Schools (if a GBAPS employee)? Please describe.* |  |  |
|  | **7e** | *- For Employees only: Are there aspects of this proposed study that are outside of your position in Green Bay Schools (if a GBAPS employee)? Please describe.* |  |  |
|  | **7f** | *-How will you manage possible time implications to your duty day (if a GBAPS employee)?* |  |  |
|  | **8** | **Expectations of participants** |  |  |
|  | **8a** | *-Amount of time required from participants?* |  |  |
|  | **8b** | *-Amount of time anticipated from students/staff across the district who are not participants in the study?* |  |  |
|  | **9** | **Plan for reporting results** |  |  |

|  | **9a** | *-Potential bias and /or limitations to your research?* |  |  |
| --- | --- | --- | --- | --- |
|  | **9b** | *-With whom will you share the results? Plans for publication, policy-decisions, etc.* |  |  |
|  | **9c** | *-When can the District expect a copy of the results?* |  |  |
|  | **10** | **Associated documents supporting the research design – include when applicable.** |  |  |
|  | **10a** | *-Participant consent forms and informational letters (for all applicable stakeholders).* |  |  |
|  | **10b** | *-Copies of all surveys, interview and/or focus group questions.* |  |  |
|  | **10c** | *-Observational protocol/data collection forms.* |  |  |
|  | **10d** | *-Other documents or materials. (e.g., curriculum, presentations, worksheets, etc.)* |  |  |
|  | **11** | **Proof-read and presented in final draft form** |  |  |
|  | **11a** | *-i.e., grammar, punctuation, sentence structure, layout/formatting, general attention to detail, etc.* |  |  |

**Office use only:**

**Date(s) received by District:** **Received by (initials):**

**Date(s) feedback sent to applicant: Reviewer initials:**

**Additional comments:**