



Request For Research Application

SUMMARY

Wilson County Schools (WCS) endeavors to provide opportunities for research studies of quality to be conducted within the system by graduate students and by other professionally and technically qualified individuals and research organizations.

Factors which are considered in assessing whether the school system will cooperate in a proposal for research include the following:

1. The technical soundness of the proposal design
2. The appropriateness of the research topic
3. The availability of research sites and subjects of the kinds requested
4. The nature and amount of the interruption required in the ongoing educational program
5. The privacy of respondents
6. The kind and number of data-gathering procedures or instruments to be used in the study
7. The need for the schools to safeguard the personal and legal rights of students, parents, and staff

The following categories of research will be accepted for screening and evaluation:

1. Unsolicited research proposals from individuals or organizations independent of WCS
2. Proposals for studies for masters' theses and doctoral dissertations originating from WCS employees
3. Proposals for studies for doctoral dissertations originating from proponents other than WCS employees
4. Responses to WCS requests for proposals for external audits and research
5. Proposals for research activities originating within WCS offices, departments, divisions, and other units, transmitted through their central office administrative channels.

Applications will be reviewed by Accountability/Technology Services. Final approval is given by the Superintendent. Legal reference: G.S. 115C-36, -47 Article 16

Accountability/Technology Services does not provide applicants with assistance in research design, instrument development, data analysis, or report writing except as authorized by the Superintendent in the application.

Student and parent participation in a study is voluntary. Participation of WCS personnel also is voluntary unless specifically indicated by the Superintendent. Any instruments to be administered to the research subjects must display a clarifying statement to this effect on its fact sheet. Anonymity of any participant must be preserved. The identity of schools, offices, or the school system cannot be revealed *unless* authorized by the Superintendent.

INSTRUCTIONS

Applicants wishing to conduct research in WCS are required to complete the *Request for Research Application* and submit two copies to: Accountability/Technology Services, Wilson County Schools, 117 NE Tarboro Street, Wilson, NC 27893-4016.

Office Use Only: Processing Status		
Date Forms Received _____	Date to Reviewer _____	Date from Reviewer _____
Reviewer Decision: <input type="checkbox"/> Accept <input type="checkbox"/> Revise <input type="checkbox"/> Reject		
Date Revisions Sent _____	Date Revisions Received _____	Date to Superintendent _____
Final Decision: <input type="checkbox"/> Accept <input type="checkbox"/> Revise <input type="checkbox"/> Reject		

A. IDENTIFICATION OF APPLICANT

1. Applicant Name: Mr. Mrs. Miss Ms. Dr. _____

Home Address _____
Street City State Zip

Business Name _____

Business Address _____
Street City State Zip

Your Professional Position/Title _____

Home Telephone Number _____ - _____ - _____ Business Telephone Number _____ - _____ - _____

E-mail Address _____

2. Are you employed by Wilson County Schools? Yes No

If "Yes," are you a: Full-time employee Part-time employee Employee on leave

3. Are you proposing this study in connection with the degree requirements of a college or university?

Yes (If "Yes," answer parts a, b, and c of this question.) No (Skip to Question 4.)

a) What degree requirements? Master's Doctoral Other (specify) _____

b) Who is your advisor or committee chairperson? _____

Name _____ Phone _____ - _____ - _____

Institution _____ Department _____

Address _____
Street City State Zip

c) What is the approval status of your proposal at your college or university?

Formally approved Approved by advisor but not by dissertation committee Not approval stage

4. If you answered "No" in Question 3, indicate whether you are proposing this study as:

An external research organization

A response to a request for proposals or grant announcement

An individual researcher (Briefly describe your area of research specialization and activity):

5. Indicate your degree status: Nondegree Baccalaureate Master's Master's equivalent Doctoral

6. How are the costs of this proposed study being financed?

By applicant By applicant's institution, organization, or business By WCS program funds

By government foundation or other research grant (explain) _____

B. MAJOR FEATURES OF PROPOSED STUDY

1. Title of research _____

2. Desired time schedule for carrying out the research: From _____/_____/_____
Mo./Yr. to _____/_____/_____
Mo./Yr.

3. The research problems and subproblems to be studied:
- a) _____
 - b) _____
 - c) _____
 - d) _____
 - e) _____

4. Type of research site(s) required:
- a) Check all that apply: Elementary Middle High Central Office
 - b) Do you want to work with a specific school or schools? Yes No
If "Yes," specify _____
 - c) Are there other types of research sites required? Yes No
If "Yes," specify _____

C. REQUIREMENTS FOR STUDY

1. Will data be collected from/on students?
- Yes (Answer parts a and b of this question.) No (Skip to Question 2.)
 - a) Total number of students needed for this study _____
 - b) Check and describe any specific criteria for selection of students to take part in the study.
 - Grade level _____
 - Ability/Achievement level _____
 - Racial/Ethnic background _____
 - Sex _____
 - Enrollment in special programs _____
 - Receiving special education services _____
 - Receiving ESL services _____
 - Other (specify) _____

2. Will data be collected from/on school staff, parents, or former students?

- Yes (Answer part a of this question.) No (Skip to Section D.)

a) Check all that are applicable; indicate number needed and briefly describe individuals' roles in study.

Description of Individuals Needed	Total Number of Individuals	Role of Individuals
<input type="checkbox"/> Classroom Teachers	_____	_____
<input type="checkbox"/> School-based Administrators	_____	_____
<input type="checkbox"/> Central Office Administrators	_____	_____
<input type="checkbox"/> Parents	_____	_____
<input type="checkbox"/> Former Students, Graduates, and/or Their Family Members	_____	_____
<input type="checkbox"/> Support Services Staff (i.e., technology, paraeducators, etc.)	_____	_____
<input type="checkbox"/> Other (specify)	_____	_____

D. INSTRUMENTS, EQUIPMENT, AND INSTRUCTIONAL MATERIALS

1. What tests, observation guides, questionnaires, attitude scales, interest inventories, and other instruments will be used? Specify here.

Type of Instrument	Description of Instrument	Who will Complete/Answer or be Observed	Estimated Time Required to Administer
<input type="checkbox"/> Group Test	_____	_____	_____
<input type="checkbox"/> Individual Test	_____	_____	_____
<input type="checkbox"/> Questionnaire	_____	_____	_____
<input type="checkbox"/> Interview Protocol	_____	_____	_____
<input type="checkbox"/> Observation Guide	_____	_____	_____
<input type="checkbox"/> Attitude/Interest Inventory	_____	_____	_____
<input type="checkbox"/> Other (specify)	_____	_____	_____

2. Will instructional materials be used for research purposes? Yes No

If "Yes," specify. _____

E. REQUESTED PARTICIPATION OF WCS STAFF

1. Will teachers be asked to assist with the study? Yes No

If "Yes," for how much time? _____

2. Will other school system personnel be asked to assist with the study? Yes No

If "Yes," who and for how much time? _____

F. SIGNATURE AND ACKNOWLEDGEMENT

Researchers must provide one complete copy of each report or product developed as a part or outcome of the research project, and, upon request from WCS, an executive summary of no more than 25 pages. Researchers may not charge WCS for any of these reports, products, or summaries; and all will be provided within 30 days of the development of the report or product. I acknowledge that WCS reserves the right to immediately revoke its approval to conduct research if it should be determined that any terms or conditions of the application have been breached.

Indicate compliance with the above statement: I have read the requirements and understand that I must comply.

Signature, Applicant _____
Date

G. SIGNATURE OF THESIS COMMITTEE CHAIRPERSON

The following is to be signed by the chairperson of the applicant's thesis/dissertation committee (if applicable). I have reviewed the enclosed research proposal and find it to be technically competent, theoretically sound, and significant in focus.

Signature, Chairperson Title _____
Date

Title of research _____

<p>To Be Completed by Accountability/Technology Services</p> <p>1. Clearance Recommendation: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> Provisional Approval (approval contingent on acceptance of modifications indicated below.)</p> <p>2. Remarks (Include specific modifications needed or reason(s) for disapproval, as appropriate.) _____</p> <p>_____</p> <p>_____</p> <p>_____ <i>Signature, Accountability/Technology Services</i> _____ <i>Date</i></p>
