

**APPLICATION FOR APPROVAL OF EXTERNAL RESEARCH PROPOSAL**

The Fort Bend Independent School District and the Office of Research support high-quality research that addresses well-informed research questions of educational importance. At the same time, the District has moral and legal obligations that require oversight of research activities that make use of District resources such as confidential data, facilities, time involved for faculty and staff, and access to students.

**The Fort Bend ISD Research Review Board will not review incomplete applications.** This includes any missing information or documents. Refer to the **Application Checklist** for the complete list of items required to be included with the application.

**I. MAIN PROJECT CONTACT INFORMATION**

Date: Click or tap here to enter text. Fort Bend ISD Employee:  Yes  No Worksite: Click or tap here to enter text.

Person Conducting Research:

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| Click or tap here to enter text. |

Home Address (Street, City, State, Zip Code):

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| Click or tap here to enter text. |

Home #: Click or tap here to enter text. Work #: Click or tap here to enter text. Cell #: Click or tap here to enter text.

Personal Email Address:

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| Click or tap here to enter text. |

**II. GENERAL PROJECT INFORMATION**

Title of Research:

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| Click or tap here to enter text. |

University or Affiliated Organization and Program (e.g. Masters, Doctoral):

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| Click or tap here to enter text. |

Name of Research Advisor/Supervisor:

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| Click or tap here to enter text. |

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| Click or tap here to enter text. |

Research Start Date: Research End Date: Overall Project Purpose:

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| Click or tap here to enter text. |  | Click or tap here to enter text. |

Does any aspect of your study pose a potential emotional or physical harm to participants?  Yes  No

If yes, please elaborate.

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| Click or tap here to enter text. |

**Research Topic(s)**-Please indicate up to three research topics that best represent the research focus of your project.

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| Academic Achievement | At-Risk Students | College Readiness | Curriculum and/or Instruction |
| Educational Policy or Leadership | English language Learner (ELL) | Ethnic or Cultural Studies | Physical Health or Safety |
| Professional Development | Student Social and Emotional Development | Supplemental Programs | Teacher Professional Practices |
| Other |  |  |  |

If other, please specify:

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| Click or tap here to enter text. |

**Grant Involvement** - Are you proposing this research as part of a grant application?  Yes  No

If yes, are you requesting a letter of support from FBISD?  Yes  No

**Grant Type**

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| Click or tap here to enter text. |

**Grant Description**

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| Click or tap here to enter text. |

**Program or Curriculum Involvement** – Are you proposing the implementation of a program or curriculum?  Yes  No

If yes, are you requesting a letter of support from FBISD?  Yes  No

**Program or Curriculum Type**

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| Click or tap here to enter text. |

**Program or Curriculum Description**

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| Click or tap here to enter text. |

**Study Type (Single or Series)** – Is this a single study or one of a series planned or contemplated Single Series

If series, please elaborate on the design.

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| Click or tap here to enter text. |

**What is the Source of the Project Funds?**

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| Click or tap here to enter text. |

**FBISD Facilities Required for Study**

If applicable, please provide a description of FBISD facilities required for your study.

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| Click or tap here to enter text. |

**Academic School Year(s)** – Please indicate the first and last school year involved in your study

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| Click or tap here to enter text. |

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| Click or tap here to enter text. |

First Academic School Year Last Academic School Year

**If prior year or other, please specify here:**

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| Click or tap here to enter text. |

**III. FBISD CAMPUS INVOLVEMENT**

Please indicate the campus(es) you wish to include in your study. There is an “All” and/or “No School” option for each for each category. If the section does not apply to you, please choose the “No Schools” option and move forward to the next category.

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|  | **High School Campuses** |  | **No Schools** | ☐ | **All High Schools** |
|  | Austin |  | Elkins |  | Progressive |
|  | Bush |  | Hightower |  | Ridge Point |
|  | Clements |  | Kempner |  | Travis |
|  | Dulles |  | Marshall |  | Willowridge |
|  | **Middle School Campuses** |  | **No Schools** |  | **All Middle Schools** |
|  | Baines |  | Fort Settlement |  | Missouri City |
|  | Bowie |  | Garcia |  | Quail Valley |
|  | Crocket |  | Hodges Bend |  | Sartartia |
|  | Dulles |  | Lake Olympia |  | Sugar Land |
|  | First Colony |  | McAuliffe |  |  |
|  | **Elementary School Campuses** |  | **No Schools** |  | **All Elementary Schools** |
|  | Armstrong |  | Highlands |  | Quail Valley |
|  | Austin Parkway |  | Holley |  | Ridgegate |
|  | Barrington Place |  | Hunters Glen |  | Ridgemont |
|  | Blue Ridge |  | Jones |  | Scanlan Oaks |
|  | Brazos Bend |  | Jordan |  | Schiff |
|  | Briargate |  | Lakewiew |  | Seguin |
|  | Burton |  | Lantern Lane |  | Settlers Way |
|  | Colony Bend |  | Madden |  | Sienna Crossing |
|  | Colony Meadows |  | Meadows |  | Sugar Mill |
|  | Commonwealth |  | Mission Bend |  | Sullivan |
|  | Cornerstone |  | Mission Glen |  | Townewest |
|  | Drabek |  | Mission West |  | Walker Station |
|  | Dulles |  | Oakland |  |  |
|  | Arizona Fleming |  | Oyster Creek |  |  |
|  | Glover |  | Palmer |  |  |
|  | Goodman |  | Parks |  |  |
|  | Heritage Rose |  | Pecan Grove |  |  |
|  | **Other Schools** |  |  |  | **No Other Schools** |
|  | Ferndell Henry Center for Learning |  | Progressive |  | Technical Education Center |
|  | **Grade Levels** (Please check all grade levels involved in your study) |  |  |  | **All Grade Levels** |
|  | Early Education (EE) |  | 4th Grade |  | 9th Grade |
|  | Pre-Kindergarten (PK) |  | 5th Grade |  | 10th Grade |
|  | 1st Grade |  | 6th Grade |  | 11th Grade |
|  | 2nd Grade |  | 7th Grade |  | 12th Grade |
|  | 3rd Grade |  | 8th Grade |  |  |

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| **IV. FBISD Data Collection and Release** |
| Detailed policy information is located on the Requirements for Data Collection Release Page of the External Research Website. |
| Important Information   1. Individual students, staff, or schools may not be identified in any research or evaluation product. 2. An executed Data Sharing Agreement with FBISD is required for access to individual student data. 3. All data collection involving schools must take place in the Fall Semester. 4. No data collection is allowed on testing days, be sure to consult the district testing schedule.   Required Consent / Assent Forms   * If you will be collecting data directly from students or if you are requesting identified student level data, you must obtain active parental consent. * If you will be collecting new data from students, staff, parents or other adult’s participants you must obtain assent. * Consent/assent forms used for parents or students must be written in both English and Spanish. * Copies of the consent/assent forms are required with your supporting document(s) upon submitting this application. |

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| **V. Existing Student Records Data Request** |
| Approval of this application does not automatically provide access to the data. You must obtain an approved Data Sharing Agreement (DSA) with FBISD for access to individual data records. All data you plan on analyzing must be stated explicitly in your consent form(s). You will not be allowed to access information which is not described in your consent form. Please be advised that time constraints will be taken into consideration as one factor for approving projects. If the project is approved, data requests are processed at $50 per hour.  Are you requesting existing student data records? (e.g., demographics, test scores, attendance records, etc.)  Yes  No |

If you will not be requesting EXISTING STUDENT RECORDS, skip this section **If not applicable**

to move forward with the application, otherwise continue with this page. **Please Skip to Section VI.**

**Data Records Request**

**Data Types**-What type of data are you requesting?

Student  Student Level De-identified  Comparison Group

Data Elements-What data elements are you requisition?

Attendance  Demographics  Discipline  Grade/Course Enrollment  Promotion/Graduation

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| Click or tap here to enter text. |

Test/Assessments  Other If other, please specify

**Data Pull Schedule**-Is this a one-time data pull or recurring?

One time only  Annually  By Semester  By each 6 or 9-week grading period  Other

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| Click or tap here to enter text. |

If other, please specify

Detailed Description-All records that you wish to access should be specifically listed. Please avoid the use of terms such as “academic information” and “test scores”. For example: “For the 2010-2011 school year, please provide de-identified student level data including: ethnicity, gender, school number, days attended by semester, days enrolled by semester, and school year GPA”.

**VI. New Data Collection**

Are you collecting data directly from students, parents, staff, and/or other participants?  Yes  No

If you will not be conducting any NEW DATA COLLECTION, skip this section **If not applicable**

to move forward with the application, otherwise continue with this page. **Please Skip to Section VII**.

**Participant Involvement**

Indicate the participant(s) involved in your evaluation/study

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| --- | --- | --- | --- | --- | --- | --- |
| Students | Teachers | Campus Administrators | Other Campus Staff (e.g., Counselors, Aides, etc.) | Parents/ Guardians | Other\*\*   |  | | --- | | Click or tap here to enter text. | |

**Method of Data Collection**

Please indicate the number of participants, time required, and frequency for each method involved in your study. Skip the participant rows which do not apply to your study. Provide a copy of student instruments (e.g., survey questions, interview protocols, etc.) as part of your supporting documents. If applicable, provide the names, job titles, and instructional affiliations of any research/evaluation assistants which will collect data.

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| N/A | This section does not apply to my study |  | Minutes | Time required for each survey, interview, etc., (in minutes) |  | Frequency  (Freq.) | Indicate how many will take place during the course of your study |

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| Approximate Number of Participants (Numeric format, i.e., 100) | ***Survey/***  ***Assessment***  *N/A Minute Freq.* | | | ***Interview/***  ***Focus Group***  *N/A Minute Freq.* | | | ***Observation***  *N/A Minute Freq*. | | | ***Audio/***  ***Video Recording***  *N/A Minute Freq*. | | |
| Students  Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |
| Teachers  Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |
| Campus  Administrators  Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |
| Campus Staff  Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |
| Parent/  Guardians  Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |
| Other  Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |  | Tap to Type | Tap to Type |

**Special Sample Characteristics** – Please provide any special characteristics of your sample (e.g., gender, ethnicity, courses, etc.)

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| Click or tap here to enter text. |

**Teacher, Campus Administrator, and Campus Staff Characteristics** (e.g., 4th grade teachers, PE teachers, assistant principals, hall monitors, counselors, etc.)

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| Click or tap here to enter text. |

**Parent/Guardian and Other Participant Characteristics** \*\* If your subject/participant falls under “OTHER”, please also identify your subject/participant

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| Click or tap here to enter text. |

**Brief summary of research project including description of methodology:**

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| Click or tap here to enter text. |

**Describe below the methods that will be employed to maintain confidentiality:**

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| Click or tap here to enter text. |

**Describe the potential benefits of your project to Fort Bend ISD:**

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| Click or tap here to enter text. |

**VII. ASSURANCE TO FBISD AND SUPPORTING DOCUMENTS**

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| **Assurances to Fort Bend ISD** (You will be asked to provide a signed copy of these assurances when your application is approved) |
| **By submitting this application, you agree to the following terms and conditions.** |
| 1. I understand that I am requesting assistance in a research and evaluation project and I am not requesting information pursuant to the Texas Open Records Act. If my request to conduct research is granted, I agree to abide by all policies, rules, and regulations of the District including securing written parental permission prior to implementation of my project, and maintaining the confidential nature of records, and privacy and rights of all participants and schools. 2. I have read the Procedures for Research and Evaluation in the Fort Bend Independent School District and understand that supervision of this project and responsibility for a report on its outcome rest with me. I also understand that the privilege of conducting future studies in the Fort Bend Independent School District is conditioned upon the fulfillment of such obligations. 3. I understand that any unauthorized disclosure of confidential information is illegal as provided in the federal Family Educational Rights and Privacy Act of 1974 (FERPA), 20 U.S.C. 1232 *eg. seq*. and in the implementing federal regulations found in 34 CFR Part 99. 4. In addition, I understand that any data, data sets or output reports that I, or any authorized representative may generate are confidential and the data are to be protected as required by the Data Sharing Agreement. 5. I will not distribute any unauthorized person any data or reports that I have access to or may generate using confidential data. 6. I hereby agree that failure to abide by the requirements of this client agreement may lead to the immediate revocation of any contract (or research project) that I may be performing for Fort Bend ISD. I understand that any intentional, knowing, or negligent release of confidential student information to unauthorized persons may also subject me to legal cause of action for violation of any individual’s civil rights in addition to state or federal criminal penalties. |

**Supporting Documents**

Please indicate the supporting documents you are including with this application, if other, please specify.

Parent/Guardian  Parent/Guardian  Student Assent Form-  Student Assent Form-

Consent Form-English Consent Form-Spanish English Spanish

Staff Assent Form  Survey(s)/Assessments  Curriculum or Program  Letter of Support

Other

If other, please specify

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| --- |
| Click or tap here to enter text. |

**Thank you for completing the FBISD External Research Application**

**Your application must be submitted electronically using the following method:**

**Save your completed application as an Adobe PDF file and email with all supporting documents to:**

[fbisdresearch@fortbendisd.com](mailto:fbisdresearch@fortbendisd.com)

**Note: incomplete applications will not be considered**

I understand that I am requesting to conduct research in the Fort Bend ISD. If my application is approved, I agree to abide by all policies, rules, and regulations of the District.

I have read the procedures for conducting external research in the Fort Bend ISD and understand that supervision of this project and responsibility for a report on its outcomes rest with me. I understand that the privilege of conducting future studies in Fort Bend ISD is contingent upon the fulfillment of such obligations.

Signature of Researcher: Date: