

GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

APPLICATION FOR RESEARCH OR EVALUATION

Please type and complete all sections of the application.

1. General Information:

Date Submitted:	
Submitted by:	
Proposed Project Starting Date:	
Proposed Project Ending Date:	
Overall Project Purpose: (e.g., thesis, journal publication)	
Are you proposing implementation of a program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of program?	<input type="checkbox"/> Curriculum or Instruction Methods Program (e.g., reading or science instruction using new methods or materials) <input type="checkbox"/> Student Services Program (e.g., pregnancy prevention or student mentoring) <input type="checkbox"/> Professional Development <input type="checkbox"/> Other Program, type:
If your project will implement a program, please briefly describe it here, and attach a copy of your proposed curriculum and or other program materials.	

For GCCISD Use Only	
Date Received: (completed by GCCISD)	
District program approval signatures (GCCISD use only) Based on the information/ process described above, the following recommendations are made:	<input type="checkbox"/> Approval <input type="checkbox"/> Revision and Resubmission (attach explanation) <input type="checkbox"/> Denial (attach explanation) <hr/> Administrator Signature <hr/> Superintendent Signature <hr/> Date

2. Main project contact person/student if class project, thesis, or dissertation

Name:	
Address:	
Phone:	
Email Address:	

3. Project director/supervision professor if class project, thesis, or dissertation

Name:	
Address:	
Phone:	
Email Address:	

4. **Project Overview:**

SAMPLE	Number	Description (Grades, Schools, Other Characteristics)
Students		
Staff/Others		
Parents/Guardians		

PARTICIPATION	Time Required	Data Required (New and from school/central records)
Students		
Staff/Others		
Parents/Guardians		

COMMENTS (Please attach additional pages, if necessary.)

5. What hypothesis(es) or research/evaluation question(s) is being investigated?

6. How will you obtain parental/guardian consent for participating students? What consents will be obtained from other participants?

7. Is this a single study or one of a series planned or contemplated?

8. Provide a brief summary of your research or evaluation design, including statistical analysis procedures. If GCCISD databases will be used, please detail your variable and sampling needs.
9. Use at least three of the most prominent studies, articles, or books from the knowledge base this project addresses to answer the following questions: (Please attach additional pages if necessary).
- How will this project contribute to Goose Creek CISD?
 - How will this project contribute to the field of education or the area it addresses?
10. Source of project funds:
11. List equipment and names of instruments to be used (attach descriptions of commonly available instruments or copies of researcher-developed or adapted instruments):
12. Does any of the equipment or any procedure to be used constitute a potential emotional or physical hazard to subjects?
- No
- Yes
- If yes, provide a detailed explanation
13. GCCISD facilities needed:
14. Will research/evaluation assistants collect data? If so, please provide names, job titles, and institutional affiliations. (Criminal history checks will be required on any person coming in contact with students.)

15. Assurances:

- A. 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 and evaluation assistance 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 the privacy and rights of the individual and school.

Signed: _____
Main Project Contact Person/Student

- B. I have read the Procedures for Research and Evaluation in the Goose Creek Consolidated Independent School District by Outside Agencies or Individuals and understand that supervision of this project and responsibility for a report on its outcome rests with me. I also understand that the privilege of conducting future studies in the Goose Creek Consolidated Independent School District is conditioned upon the fulfillment of such obligations.

Signed: _____
Project Director/Supervising Professor

Return the completed application with all supporting documentation to:

**Goose Creek Consolidated Independent School District
Office of the Assistant Superintendent for Curriculum and Instruction
PO Box 30
Baytown, Texas 77522
Fax: 281-420-4447**