

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

The Waterloo Schools, because of the District's size, location and unique characteristics, are often asked to participate in research studies at the local, state and national levels. We try to accommodate requests whenever possible because we value the opportunity to participate in research activities which will enhance educational programming for Waterloo students.

In order to have your request approved, please follow the directions contained in this form and complete all applicable sections. In addition, please include a one-page summary of the research project. Your request will stand on its merits as presented in the summary, this form, and in your proposal. Please take the time to be as thorough as possible since only complete requests will be considered.

Some general rules:

- A. Each research study will be considered regarding the total benefit to the Waterloo Schools.
- B. Written approval from the Associate Superintendent for Educational Services is needed before you begin any contacts with students or staff in the District.
- C. If you intend to collect data for a research paper, thesis or dissertation, your instructor (in the case of a research paper) or your committee chair must also sign your request. Undergraduate level requests to fulfill course requirements will not be allowed. Action research projects by student teachers are conducted under the supervision of the Coordinator of Student Teaching.
- D. If District staff time is needed to assist you in revising your plan or gathering data, you will be charged for the employee's time at the prevailing hourly rate. You will also be charged for the cost of any services or materials used. These fees must be paid in full before the data will be released to you.
- E. Please comply with all applicable local, state and/or federal statutes, rules and regulations relating to data privacy. The school district does not assume liability for any violations by you of the above referenced statutes, rules, and regulations.

My signature indicates that I have read and understand the above rules, that I have had ample opportunity to ask questions about them, and that I assume liability for any alleged or actual violation of local, state and/or federal statutes, rules or regulations relating to data privacy.

Name: _____ Date: _____

REQUEST FOR PERMISSION TO COLLECT DATA

WATERLOO COMMUNITY SCHOOLS

Please type your request.

1. Today's Date: _____
2. Purpose of the proposed research: _____
3. Check the reason for your request.
 - Dissertation
 - Thesis
 - Research Paper
 - Data for a funded application or grant
 - Other [Please specify] _____
4. Population to be included:
 - Students How many? _____
 - Teachers How many? _____
 - Administrator How many? _____
 - Other Personnel How many? _____
5. Schools Involved [If any]
 - All schools
 - All elementary schools
 - All middle schools
 - All high schools
 - Selected schools
 - [Please specify] _____

IF STUDENT DATA IS REQUIRED, COMPLETE QUESTION SIX. IF NO STUDENT DATA IS REQUIRED, SKIP TO QUESTION SEVEN.

6. How do you propose to obtain parents' permission for children to participate?

[Note: Copies of all permission slips must be on file before the study is initiated.]

- A. Where will student data be collected?
 - Student's homes
 - At school
 - Other [Please specify] _____
- B. When will data be collected?
 - During the school day
 - After hours
 - Other [Please specify] _____
- C. Which grade levels involved [Check all that apply]

- | | |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> PK | <input type="checkbox"/> Grade 7 |
| <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 8 |
| <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 9 |
| <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 10 |
| <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 11 |
| <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Grade 12 |
| <input type="checkbox"/> Grade 6 | |

D. Who will be asked to give information about the students?

- The students themselves
 Teachers
 Administration
 Counselors
 Central office personnel
 Other [Please specify] _____

E. What demographic information will be requested? [Check all that apply]

- Birthdate/Age
 Address
 Race
 Sex
 Test Scores [Please specify]
 IQ ITBS/ITED Other _____
 Other [Please specify] _____

7. When will the data be collected? [Approximate dates] _____

8. Will you guarantee participant anonymity?

- Yes [Explain] _____
 No [Comments?] _____

9. Who will receive the results of the research, and how will the results be disseminated?

10. Your Information:

Name: _____

Mailing address:

Telephone

Daytime _____

Evening _____

11. Is there any other information we should know about your request?

12. Required signature for dissertation/thesis or research paper

I certify that the proposal herein presented is being conducted in conjunction with the requirements for completion of _____ degree/course.

Institution: _____

Committee Chair: _____
Position _____

Send this completed form **along with a one-page summary of the project and a copy of your complete research proposal**, including permission forms and questionnaires, if used, to:

Executive Director of Teaching and Learning
Amy Schmidt, schmidta@waterlooschools.org
Waterloo Schools
1516 Washington Street
Waterloo, Iowa 50702



Office Use:

Date Received _____

Approved

Denied

Date of Notification: _____

ADOPTED: 9/92
7/23/99
9/7/01
11/9/06

Reviewed: 9/92, 7/23/99, 9/7/01, 10/7/04, 11/9/06, 2/04/10, 12/3/15, 1/7/21, 2/8/24