

Request to Conduct Research
South Bend Community School Corporation
(revised 11/08)

Date Submitted: _____

Applicant: _____ Home Phone: _____

Address: _____ Bus. Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Attach a one page summary of your research in which you address the following:

- Objectives of the study.
- Benefits to students, staff, or the district as a whole.
- Location (include specific schools, grades and classrooms as applicable)
- Time (include time of day as well as length of study)
- Activities (include impact on and roles of students, teachers and other staff)
- Procedures for ensuring the anonymity of participants.

As applicable please also attach a copy of your complete research proposal, a copy of the approval letter from the appropriate Institutional Review Board, and copies of any surveys, questionnaires, consent forms, cover letters, instructional materials, etc.

Your request will be reviewed by the administration of the South Bend Community School Corporation. Notification will be sent within four weeks of receipt of request.

Review by SBCSC

Received on: _____

	Recommendation		
	Approval	Denial	Add'l Info
Director of Research and Evaluation	_____	_____	_____
Asst. Supt. for Schools/Academic Programs	_____	_____	_____

Notice sent to Applicant: _____