

EDUCATIONAL STUDY AND RESEARCH

Please describe the proposed study involving school students or school personnel for which assistance and participation is requested. Please be as specific as possible regarding the numbers of students, parents and professional staff who may be involved in this project. A preliminary planning conference may be helpful depending on the magnitude of the project.

1. Principal Investigator(s):

2. Title of Research Study or Special Project:

3. Purpose:

4. General Methodology:

5. School Involvement:
 - a. Number of Students Needed:
 - b. Selection Process of Students:
 - c. Time Required of Students:

6. Administrative Involvement (Principal, Central Office):
 - a. Specific Groups:
 - b. Tasks:
 - c. Time Required of Administrators:

7. Teacher Involvement:
 - a. Specific Groups:
 - b. Tasks:
 - c. Time Required of Teachers:

8. Student Involvement:
 - a. Number of Students Needed:
 - b. Selection Process of Students:
 - c. Time Required of Students:

9. Equipment, Facilities, or Auxiliary Services Required:

10. Home or Parental Involvement:
 - a. Permission Form:
 - b. Other:
 - c. Time Required of Parents:

11. Evaluative Instruments To Be Used: (Please attach a copy)

12. Written Communication: (Please indicate purpose of communication below and attach sample letters and memos.)
 - a. Parents:
 - b. Teachers:
 - c. Principals:
 - d. Other School Personnel:

13. Timelines of Activities: (Please include all activities involved in this project. Be as specific as possible and indicate who initiates which activities).

14. Research Assistant(s):

15. Pitt County Schools Intern Supervisor:
16. Special Conditions or Restrictions:
17. Plan for Publication or Use of Results:
18. In What Ways Might the Proposed Research Be Considered Relevant to General Educational Objectives? To Pitt County Schools in Particular?

REQUEST TO CONDUCT RESEARCH STUDY OR SPECIAL PROJECT

I agree to furnish Pitt County Schools a copy of the results of this research study or special project.

Signature of Person Making Request

Date

Address

Signature of Supervising Professor

University/College/Organization

Telephone Number/E-Mail Address

Telephone Number/E-Mail Address

(For Office Use Only)

Project Approved _____

Project Disapproved _____

Referred to _____

Signature of Superintendent/Designee