

**APPLICATION FOR RESEARCH OR EVALUATION**

**Please type directly into the form and complete all sections of the application.**

**I. General Information:**

Submitted By:	
Date Submitted:	
Proposed Project Starting Date:	
Proposed Project Ending Date:	
Overall Project Purpose: (e.g., thesis, journal publication)	
Are you proposing implementation of a program? (Click to select either box).	<input type="checkbox"/> Yes  <input type="checkbox"/> No
If yes, what type of program? (Click to select the appropriate box).	<input type="checkbox"/> Curriculum or Instructional 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:

<p>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.</p>	
<p><b><i>For CCISD Use Only</i></b></p>	
<p><i>Application Number: (Assigned by CCISD)</i></p>	
<p><i>Date Received: (Completed by CCISD)</i></p>	
<p><i>District program approval signatures (CCISD use only)</i></p> <p><i>Based on the information/process described above, the following recommendations are made:</i></p>	<p><input type="checkbox"/> <i>Approval</i></p> <p><input type="checkbox"/> <i>Revision and Resubmission (attach explanation)</i></p> <p><input type="checkbox"/> <i>Denial (attach explanation)</i></p> <hr/> <p><i>Signature</i></p> <hr/> <p><i>Date</i></p>

**II. Main Project Contact Person/Student (if class project, thesis, or dissertation)**

<p>Name:</p>	
<p>Address:</p>	
<p>Phone:</p>	
<p>Email Address:</p>	

**III. Project Director/Supervising Professor (if class project, thesis, or dissertation)**

<p>Name:</p>	
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Address:	
Phone:	
Email Address:	

**IV. Project Overview:**

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

<i><b>PARTICIPATION</b></i>	<i><b>Time Required</b></i>	<i><b>Data Required (New &amp; from School/Central Records)</b></i>
Students		
Staff/Others		
Parents/Guardians		

COMMENTS (Please attach additional pages, if necessary.)

- V. What hypothesis(es) or research/evaluation question(s) is being investigated?
- VI. How will you obtain parental/guardian consent for participating students? What consents will be obtained from other participants?
- VII. Is this a single study or one of a series planned or contemplated?  
Single Study  
One of a series (planned or contemplated)
- VIII. Provide a brief summary of your research or evaluation design, including statistical analysis procedures. If CCISD databases will be used, please detail your variable and sampling needs.
- IX. 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 Clear Creek Independent School District?
  - How does this project relate to CCISD's current research and evaluation priorities?
  - How will this project contribute to the field of education or the area it addresses?

X. Source of project funds:

XI. List equipment and names of instruments to be used (attach descriptions of commonly available instruments or copies of researcher-developed or adapted instruments):

XII. 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

XIII. CCISD Facilities needed:

XIV. Will research/evaluation assistants collect data? If so, please provide names, job titles and institutional affiliations.

XV. 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 Clear Creek 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 Clear Creek Independent School District is conditioned upon the fulfillment of such obligations.

Signed: \_\_\_\_\_  
Project Director/Supervising Professor

C. As principal of said campus in CCISD, I approve this research project to occur as stated.

Signed:

**Return the completed application (with all supporting documentation) to:  
Clear Creek Independent School District  
Office of Assessment and Evaluation  
802 School Street  
League City, TX 77573**

*Or via fax or email*

**Fax: 281-284-9975  
Email: lgaffey@ccisd.net**

Please allow up to 15 business days for processing.