The School District of Lee County Department of Research and Assessment

RESEARCH PERMISSION REQUEST

Researcher:			Date:		
Address:			Telephone No(s):		
			г чл1		
			E-mail Add	ress:	
Sponsor (University/Agency):			Major Professor:		
T'd CD 1/T					
Title of Research (Topic):					
Statement of problem or nee	ed to be addressed:				
Statement of problem of need to be addressed.					
Briefly describe what you would like to do and/or data requested:					
Briefly list measures to be taken and instruments to be used (include a copy of those instruments not in					
common use and any available technical support information on these instruments):					
Briefly describe subject groups participating in this research: Grade Level # Relevant Characteristics					
Grade Level # Relevant Characteristics					
How one the montisimating publicate to be calcated (non-density most shed, etc.)?					
How are the participating subjects to be selected (randomly, matched, etc.)?					
School/Department School/Department personnel involved (e.g., teachers, administrators, guidance					
involvement	counselors, etc.):				
School/Department Name	Type Personnel	#	Time Required	Activity Involved	

Proposed date for start of on-site operations:					
Expected date of termination of on-site operations:					
School facilities needed (briefly list space, materials, equipmen	t, etc.):				
The School District of Lee County requires a copy of research results to make available to district staff.					
Target date for receipt by this office of your results/discussion:					
Signature of Researcher:	Print Name:				
Signature of Sponsor:	Print Name:				
Signature of School-Level Sponsor (Principal approval if study requires school-level activities such as student/staff surveys, student/staff interviews, etc.					
	Print Name:				
ENCLOSURE CH	ECKLIST				
[] 1 copy of an abstract of the research (3	page limit)				
If applicable:					
[] 1 copy of instruments to be used					

Please return this form to:

[] 1 copy of an approved IRB form.

The School District of Lee County Director, Department of Research and Assessment 2855 Colonial Blvd., Fort Myers, FL 33966-3988. If you have questions regarding the completion of this form, please call (239) 335-1438. FAX (239) 337-8664

[] 1 copy of procedures to be used to ensure confidentiality of subjects

[] 1 copy of parental permission form and/or subject permission form