



**APPLICATION TO CONDUCT EDUCATIONAL RESEARCH**

The District’s decision will be based on information provided in this application. It is the researcher’s responsibility to provide all requested information on this form. If more space is needed to answer any question, please attach additional sheets. Supplementary materials may be attached, as appropriate. Please return form to Karen Scott ([kmscott@capousd.org](mailto:kmscott@capousd.org)).

| STUDY INFORMATION             |  |
|-------------------------------|--|
| <b>Project Title:</b>         |  |
| <b>Graduate Student:</b>      | <input type="checkbox"/> University <input type="checkbox"/> Government Agency <input type="checkbox"/> Other Non-Profit |
| <b>Professional Research:</b> | <input type="checkbox"/> Doctoral Dissertation <input type="checkbox"/> Master’s Thesis <input type="checkbox"/> Other   |

| CONTACT INFORMATION  |  |   |  |
|--|--|---|--|
| <b>Name of Researcher:</b>                                     |  | <b>Date:</b>                              |  |
| <b>Mailing Address:</b>  |  |   |  |
| <b>Phone:</b>  |  | <b>Are you a Capistrano USD Employee?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If yes, please identify site and role:</b>                  |  |   |  |
| <b>If no, please state organization affiliation and title:</b> |  |   |  |

| DESCRIPTION OF RESEARCH STUDY  |
|--|
| <b>What is the purpose of this study?</b>  |
|  |
| <b>What are your research questions?</b>   |
|  |
| <b>Provide a Brief Overview (briefly describe the study in 200 words or less):</b> |
|  |

|   |
|---|
| <b>Is this study legally mandated? If so, by what agency or authority?</b>                              |
|   |
| <b>Please describe the ways in which the Capistrano Schools would directly benefit from your study.</b> |
|   |
| <b>Approximate dates of data collection?</b>  |
|   |
| <b>Expected completion date of final report:</b>  |
|   |

**METHODOLOGY**

**Please list school(s) in which the study, if approved, will be conducted.**

- Please identify the schools/locations where this study would be conducted and why these were selected.
- Include the number of schools and the names of the schools, if known.

Level and Number of Schools:  
 Pre-K # \_\_\_\_\_  Elementary # \_\_\_\_\_  Intermediate # \_\_\_\_\_  High School # \_\_\_\_\_  District # \_\_\_\_\_

Explanation:

**Please indicate the number of participants and the approximate amount of time which would be required of each participant.**

|  |   |
|--|---|
| <input type="checkbox"/> Administrators # _____, _____ | <input type="checkbox"/> Parents # _____, _____               |
| <input type="checkbox"/> Teachers # _____, _____       | <input type="checkbox"/> Other, please specify # _____, _____ |
| <input type="checkbox"/> Students # _____, _____       |   |

**Describe the specific procedure to be used to select participants.**  
**Will there be any impact on participants? If so, what is the impact?**

**What funding do you possess to cover costs to the School or District?**

**Please describe school records that you wish to examine and indicate how they relate to your study.**

**Who will be responsible for administering tests, questionnaires, etc. and how they will be administered?**

Types of Data Collection Tools:

- Interview       Survey/Questionnaire       Test       Instrument       Other, please specify

Details:

**How will the data be physically tabulated? What program(s) will be used, if any?**

**Will you request use of the district computer in data collection? Data analysis?**

**If yes, explain:**

**Does your study require parent permission? If so, how do you intend to notify parents?**

**How will you report the results of the study, and to whom? Will participating schools or the District be mentioned by name in any of the reports? (If approved, the researcher will provide the results of the study to the District)**

**Please describe and attach the instruments, forms, questionnaires, or tests to be used to collect data and explain how those instruments relate to the study.**

The following are attached to this form:

- 1)
- 2)
- 3)

**Please attach the institutional review board (IRB) approval or other human subject review board approval.**

- IRB or similar approval attached

**Statement of Researcher:**

In submitting this application, I assure the Capistrano Unified School District that I will conduct the research in all respects according to the conditions under which this application may be approved. In compliance with the Education Rights and Privacy Act of 1974, I assure the Capistrano Unified School District that identifiable data collected for this study will be kept confidential. Upon completion of this research, I will present to the department of Assessment, Research, and Accountability of the Capistrano Unified School District a copy of the findings and an abstract of my final report on \_\_\_\_\_ (mth/yr).

**Principal Researcher:** \_\_\_\_\_

**Approval of supervisor or Study Advisor:** \_\_\_\_\_

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**DISTRICT USE**

CUSD has reviewed this research request, the description of the research study and the attached instruments.

**Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_

**Rationale:**

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**