

***REQUEST TO CONDUCT RESEARCH***

Please submit the completed request form along with IRB Application/ Approval letter\* or and data collection instrument (if applicable) to: **fitzhughsr@lisd.net**

Name of person making the request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lewisville ISD employee: yes: \_\_\_\_ no: \_\_\_\_

Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of University or organization sponsoring your research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In order to consider your request, the following information is required:**

What is the purpose of your research proposal?

What data do you propose to collect in LISD?

How do you plan to collect this data?

How do you plan to ensure confidentiality of the identity of participants?

Have you received IRB approval from your university?

**Please provide the name, contact information, and signature of your university supervisor, below.**

Name of University Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature below indicates that I am aware of and approve of this proposal and that I am available for questions should the need arise.

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University Supervisor/ Supervisor of Organization Date

**If approved, LISD request a copy of any report that utilizes the data from this agreement.**

\*IRB approval form/letter must be submitted to LISD prior to the start of your data collection process.

FOR LISD USE ONLY

□ I approve of the proposal without □ I conditionally approve of the proposal,

further revision(s) with revisions (see attached)

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Assistant Superintendent, LISD Date