

Request to Conduct Research
 South Bend Community School Corporation
 (revised 8/17)

Date Submitted: _____

Applicant: _____ Home Phone: _____

Address: _____ Bus. Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Email this form and a one page summary of your research in which you address the following topics to ResearchRequest@sb.school:

- Objectives of the study.
- Benefits to students, staff, or the district as a whole.
- Location (include specific schools, grades and classrooms as applicable)
- Time (include time of day as well as length of study)
- Activities (include impact on and roles of students, teachers and other staff)
- Procedures for ensuring the anonymity of participants.

In addition to the one page summary cited above, as applicable, please include copies of your complete research proposal, approval letter from the appropriate Institutional Review Board, surveys, questionnaires, consent forms, cover letters, instructional materials, etc.

Please allow at least four weeks for review of research requests.

Review by SBCSC

Received on: _____	Recommendation		
	Approved	Denied	Add'l Info
Executive Director, Research/Evaluation	_____	_____	_____
Assistant Superintendent, Curriculum/Instruction	_____	_____	_____
_____ Other	_____	_____	_____
_____ Other	_____	_____	_____

Notice sent to Applicant: _____