



OFFICE OF PROGRAM EVALUATION

Research Review Committee

Application to Conduct Research In M-DCPS

Board Rule 2605

ATTENTION:

DR. TAREK CHEBBI, CHAIRPERSON

**1450 N.E. 2ND AVENUE, SUITE 222
MIAMI, FL 33132**

(Revised June 2018)

RESEARCH REVIEW APPLICATION

CHECKLIST

(You need to attach this Checklist at the top of your hardcopy application)

1. Name of applicant (First name): _____

(Last name): _____

VERY IMPORTANT: Please use this Checklist to make sure that you included All necessary documents. Only complete applications will be processed. The starting date of processing of your application is the **Date when your application is complete** NOT when it was first submitted.

Please note: We do not have the manpower to handle applications in pieces and going back and forth with applicants. Thank you for your understanding and cooperation.

	Document Description	Check <input type="checkbox"/>	Explain if Not included
1.	This checklist	<input type="checkbox"/>	
2.	Application Identification Form (Appendix A)	<input type="checkbox"/>	
3.	Signed application	<input type="checkbox"/>	
4.	IRB (from your University or Institution)- REQUIRED School	<input type="checkbox"/>	
5.	Principal or School District Support	<input type="checkbox"/>	
6.	Adult Consent Form	<input type="checkbox"/>	
7.	Student Assent Form	<input type="checkbox"/>	
8.	Flash Drive containing a PDF version of the Application	<input type="checkbox"/>	
9.		<input type="checkbox"/>	
10.		<input type="checkbox"/>	
11.		<input type="checkbox"/>	

RESEARCH REVIEW APPLICATION

PROCESSING LOG

(Do not complete this page, print and include this Page for RRC internal use)

I. Name of applicant (First name): _____
(Last name): _____
Institution/University: _____

Date	Action/Process Description	Completed ✓
General Comments		

RESEARCH REVIEW APPLICATION APPLICANT IDENTIFICATION FORM

(Appendix A: Rev June 2018)

(Please submit only ONE copy of this identification form)

Application date:									
1. Title of research project:					RRC No. (for internal use)				
					<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
Title:	Dr.	Mr.	Mrs.	Ms.	Other(Specify):				
2. Name of applicant (First name): _____									
(Last name): _____									
3. Address:									
4. Telephones:									
Cell: _____ Home: _____ Business: _____									
5. E-mail address:									
6. Comments (if any)									

RESEARCH REVIEW APPLICATION INSTRUCTIONS

(Revised June 2018)

1. Do not change/edit this form.
2. Do not respond to an item in this form by referencing a section in another document.
3. Submit (2) paper copies of the complete application.

4. IMPORTANT CHANGES AS OF JANUARY 2018

The applicant must submit ONE electronic **PDF file** containing ALL documents that are in the paper copy (including Appendix A, Appendix B, IRB letter, consent forms, study description, data collection instruments, etc....)

The file must be named using the following naming convention ==>>> **RRC_9999_LastName_FirstName_YYYY**

LastName and FirstName of the applicant , YYYY the 4 digits of the year (e.g. 2018)

The PDF file **MUST** be loaded in a flash drive (USB drive) and included in the **PACKAGE** that contains the complete application.

No Emails Please.

5. MAIL complete paper application (2 copies) with flash drive to:

**Dr. Tarek Chebbi, Chairperson
1450 N.E. 2nd Avenue, Suite 222
Miami, Florida 33132**

Please use UPS, USMAIL, or FEDEX (Do Not Use M-DCPS School Mail)

RESEARCH REVIEW APPLICATION

Appendix B (*Revised June 2018*)

Please Do not alter the length of this form. Do not respond to an item in this form by referencing a section in another document.

1. Title of research project:

2. Reason the project is being conducted (e.g. Dissertation, Grant, Research Project):

3. Name of the University/Institution with which the applicant is affiliated:

4. The Dissertation Chair or the Project Director (PI) Certifying that the Application is Accurate and Acceptable:

Name: _____ Title: _____ Signature: _____

5. What is the general purpose of this research study?

6. What are the primary research questions to be addressed in this study?

Projected Timelines of the Study:

7. Starting Date: (mm/dd/yyyy)

8. Completion Date:(mm/dd/yyyy)

9. List the sources of data that are not dependent on the school/district records. Note that copies of all instruments must be included in the application.

10. List the sources of data that are dependent on school/district records. Be specific (e.g., academic grades, attendance).

11. Indicate the number of expected STUDENTS who will participate in the research.

Grade	PK	K	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
Students															

12. Indicate the number of **Other stakeholders** who will participate in the research study.

Stakeholder	Number	Comments
Teachers		
Principals		
Parents		
Others		
TOTAL		

	Yes	No	Not Applicable
13. Is the applicant currently an employee of Miami-Dade County Public Schools (M-DCPS)?			
14. Will the applicant need to enter M-DCPS school(s) to conduct the research?			
15. Will the research be confined to the M-DCPS school where the applicant is employed?			
16. Does the applicant intend to request data from the District?			

17. What offices/school levels are targeted by the research study?

District office
Region office

Elementary school
Middle school

Senior high school
Other (specify): _____

18. Estimate the amount of time (in minutes) the research project will require of each type of participant and for each activity.

	Assessment	Training	Teaching	Other activity (Specify in section below)	TOTAL
Students					
Teachers					
Principals					
Parents					
Others (Specify in Section below)					

19. (**Important**) Describe the Data Collection Methodology (Be specific and describe the procedure on how you will collect the data: Interviews, Observations, Online surveys, Focus groups, ... How will you secure consent forms, parent permissions, and student assent forms, etc....)?

20. What is the expected value (Utility) of the research to education in general?

21. What is the expected value (Utility) of the research to M-DCPS in particular?

22. Is the applicant available to appear before the Research Review Committee? Yes No

23. Is the applicant willing to submit a full copy of the research report, dissertation or thesis? Yes No

24. Anticipated date for submitting an abstract of the research findings to the RRC (mm/dd/yyyy)

25. Beginning with the Checklist, list the titles of all enclosed documents (e.g., IRB Approval, Support Letter/email (from Principal or District), Data Collection Instruments, Consent Form, Parent Permission Form, Student Assent Form, etc...).

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