



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 January 2020)

RESEARCH REVIEW APPLICATION

CHEKLIST

(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 the 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 ✓ | Explain if NOT included |
|----|--|---------|-------------------------|
| 1 | This checklist | | |
| 2 | Application Identification Form (Appendix A) | | |
| 3 | Signed application | | |
| 4 | IRB (from your University or Institution)- REQUIRED | | |
| 5 | School Principal or School District Support | | |
| 6 | Adult Consent Form | | |
| 7 | Student Assent Form | | |
| 8 | Flash Drive containing a PDF version of the Application | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |

Miami-Dade County Public Schools
Research Review Committee
APPLICANT IDENTIFICATION FORM
(Appendix A: rev January 2020)

Please submit only ONE copy of this Identification Form.

| | | | | | | | | | |
|---|--------------------|------------------------|-------------|------------|--|--------------------|--------------------|------------------------|--|
| Application date: _____ | | | | | | | | | |
| 1. Title of research project: _____ _____ _____ | | | | | RRC Number: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> (MDCPS use only) | | | | |
| | | | | | | | | | |
| Title: | Dr. | Mr. | Mrs. | Ms. | Other(Specify): | | | | |
| 2. Name of applicant (First name): _____ (Last name): _____ | | | | | | | | | |
| 3. Address: _____ _____ | | | | | | | | | |
| 4. Telephones: <table border="1"><tr><td>Cell: _____</td><td>Home: _____</td><td>Business: _____</td></tr></table> | | | | | | Cell: _____ | Home: _____ | Business: _____ | |
| Cell: _____ | Home: _____ | Business: _____ | | | | | | | |
| 5. E-mail address: _____ | | | | | | | | | |
| 6. Comments (if any) _____ _____ | | | | | | | | | |

**Miami-Dade County Public Schools
RESEARCH REVIEW APPLICATION FORMS**

(revised January 2020)

INSTRUCTIONS:

1. Do not alter the length of this form.
2. Do not respond to an item in this form by referencing a section in another document.
3. Submit one paper copy of the complete application.
4. 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

Last name and First Name of the Applicant

YYYY the 4 digits of the year (e.g. 2019)

The PDF file **MUST** be loaded in a Flash drive (Thumb drive/USB drive) and included in the **PACKAGE** that contains the complete application. **NO EMAILS PLEASE.**

5. MAIL complete paper application 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)

Miami-Dade County Public Schools

RESEARCH REVIEW APPLICATION FORM: Appendix B (Revised Jan. 2020)

Instructions: Do not alter the length of this form. Do not respond to an item in this form by referencing a section in another document. Submit **one hard copy** of your application and

Upload a complete PDF copy of your application into a Flash Drive and Include it in the package to be mailed to the RRC. The PDF file must be named: RRC_999_FirstName_LastName_yyyy.

| | | | | | |
|---|--|--|--|--|--|
| 1. Title of research project: | RRC Number: <table border="1" data-bbox="1190 512 1442 585"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> (MDCPS use only) | | | | |
| | | | | | |
| 2. Reason the project is being conducted (e.g., Dissertation, Grant, Research Project): | | | | | |
| 3. Name of the university/agency with which the applicant is affiliated (if applicable): | | | | | |
| 4. The Dissertation Chair OR the Grant/Project Director (PI) certifying that the Prospectus is acceptable and accurate: _____ Name Title Signature | | | | | |
| 5. Anticipated starting date: _____ 6. Anticipated completion date: _____ | | | | | |
| 7. What is the general purpose of the research? | | | | | |
| 8. What are the primary questions to be addressed by the research? | | | | | |

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 a. 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 | | | | | | | | | | | | | | | |

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

| | |
|--------------|--|
| Teachers | |
| Principals | |
| Parents | |
| Others | |
| TOTAL | |

12. Is the applicant currently an employee of Miami-Dade County Public Schools (M-DCPS)? Yes No

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

- District office Elementary school Senior high school
 Region office Middle school Other (specify): _____

14 a. Will the applicant need to enter M-DCPS school(s) to conduct the research? Yes No

14 b. Will the research be confined to the M-DCPS school where the applicant is employed?
 Yes No Not applicable

15 a. Does the applicant intend to request data from the District? Yes No

15 b. Are you willing to pay for the RETRIEVAL of the data, if the data are not readily available? Yes No

16. 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 activities(Please Specify): | TOTAL |
|----------------------------------|------------|----------|----------|---|-------|
| Students | | | | | |
| Teachers | | | | | |
| Principals | | | | | |
| Parents | | | | | |
| Others (Please Specify) | | | | | |

17. **(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, student assent forms, etc...)?

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

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

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

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

22. Anticipated date for submitting an abstract of the research findings to the RRC: _____

23. 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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