



**OFFICE OF PROGRAM EVALUATION**

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*Research Review Committee*

*Application to Conduct Research In M-DCPS*

*Board Rule 2605*

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**ATTENTION:**

**DR. TAREK CHEBBI, CHAIRPERSON**

**1450 N.E. 2<sup>ND</sup> AVENUE, SUITE 222  
MIAMI, FL 33132**

*(Revised May 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 ✓	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.			



# RESEARCH REVIEW APPLICATION APPLICANT IDENTIFICATION FORM

(Appendix A: Rev May 2018)

(Please submit only ONE copy of this Identification Form)

Application date:									
1. Title of research project:					<b>RRC No. (Internal Use):</b> <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>				
<b>Title:</b>	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 May 2018)

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 (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. 2<sup>nd</sup> 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 May 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		
<b>TOTAL</b>		

	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     
  Elementary school     
  Senior high school  
 Region office     
  Middle 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 Sectionbelow)					

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, 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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