

**Appendix A**  
**(Revised April 2016)**

**Miami-Dade County Public Schools**  
**APPLICANT IDENTIFICATION FORM**  
**Research Review Committee**

**Submit only ONE copy of this Identification Form**

**Miami-Dade County Public Schools**  
**Research Review Committee**  
**APPLICANT IDENTIFICATION FORM (Appendix A: Rev April 2016)**  
**Please Submit only ONE copy of this Identification Form.**

|   |                    |                        |      |     |   |                    |                    |                        |      |     |                 |
|---|--------------------|------------------------|------|-----|---|--------------------|--------------------|------------------------|------|-----|-----------------|
| <b>Application date:</b> _____  |                    |                        |      |     |   |                    |                    |                        |      |     |                 |
| <b>1. Title of research project:</b>  |                    |                        |      |     | <b>RRC Number:</b>  |                    |                    |                        |      |     |                 |
| _____<br>_____<br>_____   |                    |                        |      |     | <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center; margin-top: 5px;">(MDCPS use only)</p> |                    |                    |                        |      |     |                 |
|   |                    |                        |      |     |   |                    |                    |                        |      |     |                 |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>Title:</b></td> <td style="width: 15%;">Dr.</td> <td style="width: 15%;">Mr.</td> <td style="width: 15%;">Mrs.</td> <td style="width: 15%;">Ms.</td> <td style="width: 30%;">Other(Specify):</td> </tr> </table> |                    |                        |      |     |   | <b>Title:</b>      | Dr.                | Mr.                    | Mrs. | Ms. | Other(Specify): |
| <b>Title:</b>   | Dr.                | Mr.                    | Mrs. | Ms. | Other(Specify):   |                    |                    |                        |      |     |                 |
| <b>2. Name of applicant (First name):</b> _____<br><br><div style="text-align: center;"> <b>(Last name):</b> _____       </div>   |                    |                        |      |     |   |                    |                    |                        |      |     |                 |
| <b>3. Address:</b><br><br>_____<br>_____<br>_____   |                    |                        |      |     |   |                    |                    |                        |      |     |                 |
| <b>4. Telephones:</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><b>Cell:</b> _____</td> <td style="width: 33%;"><b>Home:</b> _____</td> <td style="width: 33%;"><b>Business:</b> _____</td> </tr> </table>   |                    |                        |      |     |   | <b>Cell:</b> _____ | <b>Home:</b> _____ | <b>Business:</b> _____ |      |     |                 |
| <b>Cell:</b> _____  | <b>Home:</b> _____ | <b>Business:</b> _____ |      |     |   |                    |                    |                        |      |     |                 |
| <b>5. E-mail address:</b><br><br>_____  |                    |                        |      |     |   |                    |                    |                        |      |     |                 |
| <b>6. Comments (if any)</b><br><br>_____<br>_____   |                    |                        |      |     |   |                    |                    |                        |      |     |                 |

Appendix B  
(Rev April 2016)

Miami-Dade County Public Schools  
RESEARCH REVIEW FORM  
Research Review Committee

**Instructions**

1. Do not alter the length of this form.
2. Do not respond to an item in this form by referencing a section of the Prospectus.
3. Submit (2) Paper copies of this form and (2) Paper copies of the Prospectus (Summary).
4. **IMPORTANT CHANGE**

ALL applicants must submit ONE electronic **PDF file** containing ALL documents that are in the Paper copy (Including Appendix A, Appendix B, IRB letter, Consent forms, Prospectus, 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. 2017)

The PDF file should be emailed to **bfigueroa@dadeschools.net**

APPENDIX B

Miami-Dade County Public Schools  
Research Review Committee  
RESEARCH REVIEW FORM

**Instructions:** Do not alter the length of this form. Do not respond to an item in this form by referencing a section of the Prospectus. Submit **two hard** copies of your application and **Email a complete PDF copy of your application. The PDF file must be named: RRC\_999\_FirstName\_LastName\_yyyy.**

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1. Title of research project:   | RRC Number:<br><table border="1" data-bbox="1192 548 1442 621"><tr><td> </td><td> </td><td> </td><td> </td></tr></table><br>(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 <b>Dissertation Chair</b> <b>OR</b> <b>The Grant/Project Director (PI)</b> certifying that the Prospectus is acceptable and accurate:<br><br>_____<br>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 Prospectus.

**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.

|              |  |
|--------------|--|
| Teachers     |  |
| Principals   |  |
| Parents      |  |
| Others       |  |
| <b>TOTAL</b> |  |

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

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

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

**14 a.** Will the applicant need to enter MDCPS school(s) to conduct the research?                       Yes                       No

**14 b.** Will the research be confined to the MDCPS 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( Specify):<br>..... | TOTAL |
|---------------------------|------------|----------|----------|--------------------------------------|-------|
| Students                  |            |          |          |                                      |       |
| Teachers                  |            |          |          |                                      |       |
| Principals                |            |          |          |                                      |       |
| Parents                   |            |          |          |                                      |       |
| Others (Specify)<br>..... |            |          |          |                                      |       |

**17: Describe the data collection methodology (be specific and describe the procedure on how you will collect the data (Interviews, Observations, etc....). Also include how you will secure consent forms and/or assent forms.**

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 MDCPS 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 Prospectus, list the titles of all enclosed documents (e.g., IRB Approval, Support Letters, Data Collection Instruments, Parent Permission Form, Student Assent Form, etc...).

|     |  |
|-----|--|
| 1.  |  |
| 2.  |  |
| 3.  |  |
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| 9.  |  |
| 10. |  |
| 11. |  |