

Cherry Creek School District Application for Research

Please review the Research Request Guide before completing this application.

Name _____ Date _____

Address _____ Phone/email _____

Institution _____ Study Supervisor _____

Title of Research Request _____

A.	Research Question(s):			
B.	Specifically, what data do you need?			
C.	How do you plan to collect your data? Explain.			
D.	Will you administer surveys/questionnaires? (if YES, attach 1 copy)	Yes	No	
E.	Identify any data that you need to collect from existing District records.			
F.	Identify the school(s) and/or district personnel you plan on working with.			
G.	How many participants will be involved?	Students:	Teachers:	Parents:
H.	How much class time is required of students for participation (including prep time)?			
I.	How much total time is required of teachers or other school staff for participation?			
J.	Has your research been approved by an administrative sponsor (e.g., principal) at the CCSD school(s)?	Names:		
K.	What type of institutional research review approval did you request from your institution?	Exempt	Expedited	Full Board
L.	Do you have approval from your institutional research review committee (attach 1 copy)?	Yes	In Process	No (If no, include statement explaining why not)
M.	Please provide a timeline of the following information: 1. Dates you plan to collect your data in the schools (if applicable) 2. Dates you plan to do analysis and write up results 3. Date you plan to provide CCSD with a final report of your results.	1. Data collection	2. Analysis	3. Report results

District Priorities & Objectives

Check all that apply. For those that are checked, please explain on the following page how your research directly relates to each item. *My research directly relates to the following CCSD priorities and/or student achievement objectives:*

Check All That Apply	Areas of Focus (aligned to District Core Values)
	1. Raise achievement scores in all content areas.
	2. Raise student growth in all content areas.
	3. Reduce predictability of achievement scores by race or ethnic group.
	4. Reduce gaps in achievement between the lowest and highest performing students.
	5. Raise growth in all content areas for students with disabilities.
	6. Raise graduation rates for students of all ethnic groups.
	7. Increase students' access to their pathways of purpose.
	8. Foster strong positive relationships between parents of color and school and district staff.
	9. Increase teachers' understanding and utilization of best practices of culturally responsive instruction.
	10. Improve instruction and course content opportunities to students with disabilities.
	11. Implement a rigorous program of science, technology, engineering and mathematics in every school.
	12. Determine student and parental perception of learning in each school.
	13. Other: please provide an explanation of how your research aligns with district priorities below.

Please answer the following questions about your proposed study.

1.	Please explain how your research relates to the CCSD priorities and objectives checked on the previous page.
2.	Explain how you will maintain participant confidentiality.
3.	If applicable, explain how you will obtain informed consent from participants. Attach the form(s) you will be using (see research request guide for examples).
4.	In what way(s) will your research benefit participants, education in general, or CCSD specifically?

Proposed Study Outline

1.	Please provide an overview of your proposed research study. What are your research steps, especially as they relate to working in CCSD (e.g., what you plan to do, how you will recruit participants, etc.)?
2.	Briefly describe the population you hope to work with and your rationale for choosing this population.
3.	Provide an overview of your research methods. What instrument(s) will you be using? How will you collect the data?
4.	Describe how you plan to analyze your data.

Research Agreement and Understanding

Please read the following agreement and sign.

I understand that approval of my research by the Office of Assessment & Performance Analytics **does not** mean:

- ✓ Official endorsement from the Assessment & Performance Analytics (A&PA) office or the District.
- ✓ Assistance from A&PA staff in securing or recruiting schools/participants for the study, or provision of data or data files needed to complete the study

I understand that approval of research carries with it several responsibilities for me. I understand that:

- ✓ Persons and places used in this project will remain anonymous except by prior approval of the Office of Assessment and Performance Analytics.
- ✓ I must not commence any part of the research activity in the district prior to obtaining District Approval for the study. I must contact the CCSD staff person or persons indicated on the District Approval letter, explain the study, and obtain their approval before any part of the research commences at their school or facility or with their students/staff.
- ✓ Before any part of research findings are published, permission must be obtained from the CCSD Superintendent’s office.
- ✓ Cherry Creek’s principals, teachers, students, and staff can decide to not participate in the research for any reason, and can revoke participation at any time.
- ✓ I must receive written permission by parents/guardians for their student’s participation or release of individual student records. I must keep all records confidential in a password protected database or a locked file cabinet.
- ✓ I must provide A& PA and the participating school with a copy of all project data including a copy of a written report summarizing the study and results upon completion of the research.
- ✓ I must allow parents/guardians to inspect actual surveys and instructional materials used in the research study.

Submission of this application does not mean automatic District approval. The District can require that the applicant modify procedures, instruments, etc. in order for District approval to be granted. The research approval process may take 2-3 months. Please submit your request well in advance of when you need to collect your data.

Signature: _____ Date: _____

By typing your name above, you are acknowledging your electronic signature of this agreement.

Please return all forms by email to:
assessment@cherrycreekschools.org