

Williamsburg-James City County Public Schools Research and Evaluation Application Form

**Please type or print and complete all sections of this form.
Please place N/A (Not Applicable) where needed.**

You may submit this form in one of the following ways:

- Complete the information on the fillable PDF form below and email it back as an attachment to Christopher.Kelly@wjccschools.org
- Download the form, complete the information, and fax it to 757.565.9388 addressed to Chris Kelly, Coordinator of Accountability and Assessment
- Download the form, complete the information, and mail it back to
Chris Kelly
Coordinator of Accountability and Assessment
Williamsburg-James City County Public Schools
117 Ironbound Road
P.O, Box 8783
Williamsburg, VA 23187-8783

1. General Information

Application Number (Assigned by WJCC Public Schools)	
Date Received (Completed by WJCC Public Schools)	
Date Submitted	
Proposed Project Starting Date	
Proposed Project Ending Date	
Overall Project Purpose (e.g., class project, thesis, dissertation, journal publication, etc.)	
Project Title	
Principal Investigator(s)	
Person Making Request or Contact Person	
Position and Work Location (if student, so indicate)	

Address	
Phone	
Email Address	
Project Director/Supervising Professor (if class project, thesis or dissertation)	
Title & School	
Address	
Phone	
Email Address	

2. Project Affiliation/Funding Source

Is this project affiliated with an institution or agency?	_____ Yes _____ No
Name of Institution or Agency	
Department	
Is this project supported by a fund or grant?	_____ Yes _____ No
Name of Grant or Fund	
Name of Organization Funding Grant	

3. General Project Overview

SAMPLE	NUMBER	DESCRIPTION (grades, schools, other characteristics)
Students		
Staff/Others		
Parents/Guardians		

PARTICIPATION	TIME REQUIRED	DATA REQUIRED (new & from school/central records)
Students		

Staff/Others		
Parents/Guardians		

4. General Project Description

What hypothesis(es) or research/evaluation(s) question(s) is being investigated?

Briefly describe relevant background literature to support the rationale for doing this study. This rationale should provide sufficient information to justify the study. Please limit to no more than one to two pages. Include additional page if necessary.

Provide a brief summary of your research or evaluation design, including statistical analysis procedures. Attach additional page(s) if needed.

How will you obtain parental/guardian consent for participating students if student data is to be gathered?

Is this a single study or one of a series planned or contemplated? Please specify.

What data is needed from district records?

What, if any, WJCC Public Schools facilities are required for completion of the study?

Describe the potential benefits of your project to WJCC Public Schools.

Describe the potential risks, if any, of your project to WJCC Public Schools.

Research Agreement

(Please complete and submit after your application has been approved.)

Congratulations! Your research proposal has been approved by the Research Committee of the Williamsburg-James City County Public Schools. Per this approval, the investigator(s) agrees to the following conditions:

- To adhere to the purpose and procedures of the project as approved by the division.
- To provide the division with a summary of the findings, and a copy of all publications, including dissertations, reports, articles, and papers, describing the completed project.
- To give permission for the division to cite the ongoing or completed projects in its own publication, with credit to the investigator(s).
- To comply with the Family Education Rights and Privacy Act (FERPA).
- To report only group data, and **NOT** on information which can be traced directly or by inference to specific students, family members, staff, or school.
- If student identification by name, social security number, or other means is necessary for bringing data together on a specific student, to remove this identification as soon as data have been assembled, and under no condition permit this identification to be shared with other parties.
- To destroy all materials gathered which contain personally identifiable information after the purposes for which the material was gathered have been completed.
- My signature below indicates my adherence to these conditions

Investigator's Name (printed)	University Faculty Sponsor's Name (printed)
Investigator's Signature	University Faculty Sponsor's Signature
Date	Date

Please fax (757.565.9388), email (christopher.kelly@wjccschools.org), or mail this agreement back to:

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