



Savannah-Chatham County Public School System
Request for Permission to Conduct Research

This form must be completed and submitted with all supporting documentation. Only final and complete applications that are received by close of business on the day prior to the scheduled review date will be considered for approval. Review dates may be obtained by contacting the Office of Accountability, Assessment, & Reporting Services at 912.395.5735. Note that no applications will be reviewed during the month of May.

Prospective Researcher Information

Legal Last Name:		Legal First Name:		Legal Middle Name:	Suffix:
Address			City:	State:	Zip Code:
Email			Telephone:	Fax	
SCCPSS Employee: <input type="checkbox"/> yes <input type="checkbox"/> no*			Location/School:		
Purpose of Research (select one): <input type="checkbox"/> Undergraduate Course Requirement <input type="checkbox"/> Graduate Course Requirement <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Master's Level Thesis <input type="checkbox"/> Doctoral Dissertation					

Institutional Affiliation or Funding Agency

Organization Name:				
Address		City	State:	Zip Code:
Instructor/Advisor/Committee Chair		Email Address	Contact Telephone:	

Research Project Information

Title of Research Proposal:	
Primary Research Question(s):	
Desired Start Date:	Duration:

Participants (Indicate all that apply)

Participants	Grade Level(s) Requested	Sample Size	Site(s) Requested	Time Required
Students				
Teachers				
Administrators				
Other Staff				
Parents				
Other (specify below): _____				

*For school access, non-SCCPSS employees require a complete background investigation/fingerprinting. For assistance with completing the criminal background check process, please contact the Office of Accountability, Assessment, and Reporting at 912-395-5735.



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Data Sources

List sources of data:

Brief description of research activities, administrative procedures:

Potential Benefits:

Potential Risks:

Instrument(s) to be used:



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PLEASE ATTACH A COPY OF YOUR COMPLETE RESEARCH PROPOSAL, INCLUDING ALL APPLICABLE INFORMED CONSENT FORMS AND A COPY OF ANY SURVEYS, QUESTIONNAIRES, OR OTHER RESEARCH INSTRUMENTS TO BE USED.

Your request will not be processed until these items are received.

Part 3 of 3

Research Agreement	
As a prospective researcher within the Savannah-Chatham County Public School System, I hereby assert that I understand and agree to abide by the following statement: (Initial next to each item below)	
	I have completed the research permission form and submitted my research proposal, consent forms, and all related research instruments for review.
	Once permission to conduct research is granted, any deviations from the methodology or instruments submitted in the research proposal must be re-submitted for review and approval.
	Parental consent is required for research involving student participation.
	SCCPSS reserves the right to use the final research for its purposes.
	The final research product should disclose neither the participating schools' nor the school district's name, nor any student or staff names or other identifying or confidential information without prior approval.
	Take all due precautions to ensure the security of personally identifiable data (PII) to include the following: a. data will not be shared with individuals or entities b. data will be transported and transmitted in encrypted form and will be password protected; c. data will be secured at all times to prevent disclosure of PII to unauthorized personnel. d. data will be destroyed upon completion of the project.
	Additional limitations may apply by the provisions of the Family Educational Rights and Privacy Act (FERPA) (34 CFR § 99.31).
	Immediately (within 24 hours of discovery) report any security breach of personally identifiable data to the Chief Data and Accountability Officer for SCCPSS.
	All research conducted at a school site must be approved by the school principal. SCCPSS approval does not imply principal approval; it is the responsibility of the researcher to obtain principal approval.
	Failure to abide by these terms may result in denial or revocation of permission to conduct research within SCCPSS; reporting to the Institutional Review Board, and/or reporting to the Professional Standards Commission as appropriate.

 Researcher's Signature

 Date

As instructor or faculty advisor to this student, I have reviewed the research proposal and endorse the proposed research project.

 Instructor/advisor Signature

 Date

CONTACT

Office of Accountability, Assessment, & Reporting, Savannah-Chatham Public School System, 208 Bull Street, Savannah, GA 31401
 (912) 395-5735