REQUEST FOR PERMISSION TO CONDUCT RESEARCH

The Waterloo Schools, because of the District’s size, location and unique characteristics, are often asked to participate in research studies at the local, state and national levels. We try to accommodate requests whenever possible because we value the opportunity to participate in research activities which will enhance educational programming for Waterloo students.

In order to have your request approved, please follow the directions contained in this form and complete all applicable sections. In addition, please include a one-page summary of the research project. Your request will stand on its merits as presented in the summary, this form, and in your proposal. Please take the time to be as thorough as possible since only complete requests will be considered.

Some general rules:

A. Each research study will be considered regarding the total benefit to the Waterloo Schools.

B. Written approval from the Associate Superintendent for Educational Services is needed before you begin any contacts with students or staff in the District.

C. If you intend to collect data for a research paper, thesis or dissertation, your instructor (in the case of a research paper) or your committee chair must also sign your request. Undergraduate level requests to fulfill course requirements will not be allowed. Action research projects by student teachers are conducted under the supervision of the Coordinator of Student Teaching.

D. If District staff time is needed to assist you in revising your plan or gathering data, you will be charged for the employee’s time at the prevailing hourly rate. You will also be charged for the cost of any services or materials used. These fees must be paid in full before the data will be released to you.

E. Please comply with all applicable local, state and/or federal statutes, rules and regulations relating to data privacy. The school district does not assume liability for any violations by you of the above referenced statues, rules, and regulations.

My signature indicates that I have read and understand the above rules, that I have had ample opportunity to ask questions about them, and that I assume liability for any alleged or actual violation of local, state and/or federal statutes, rules or regulations relating to data privacy.

Name: ___________________________ Date: ___________________

REQUEST FOR PERMISSION TO COLLECT DATA

EXHIBIT       1 of 4

WATERLOO COMMUNITY SCHOOLS
Please type your request.

1. Today’s Date: ______

2. Purpose of the proposed research: ______

3. Check the reason for your request.
   - Dissertation
   - Thesis
   - Research Paper
   - Data for a funded application or grant
   - Other [Please specify] ______

4. Population to be included:
   - Students How many? ______
   - Teachers How many? ______
   - Administrator How many? ______
   - Other Personnel How many? ______

5. Schools Involved [If any]
   - All schools
   - All elementary schools
   - All middle schools
   - All high schools
   - Selected schools [Please specify] ______

IF STUDENT DATA IS REQUIRED, COMPLETE QUESTION SIX. IF NO STUDENT DATA IS REQUIRED, SKIP TO QUESTION SEVEN.

6. How do you propose to obtain parents’ permission for children to participate?

   [Note: Copies of all permission slips must be on file before the study is initiated.]

   A. Where will student data be collected?
      - Student’s homes
      - At school
      - Other [Please specify] ______

   B. When will data be collected?
      - During the school day
      - After hours
      - Other [Please specify] ______

   C. Which grade levels involved [Check all that apply]
D. Who will be asked to give information about the students?
- The students themselves
- Teachers
- Administration
- Counselors
- Central office personnel
- Other [Please specify] __________

E. What demographic information will be requested? [Check all that apply]
- Birthdate/Age
- Address
- Race
- Sex
- Test Scores [Please specify]
  - IQ
  - ITBS/ITED
  - Other ________
- Other [Please specify] __________

7. When will the data be collected? [Approximate dates] ________

8. Will you guarantee participant anonymity?
- Yes [Explain] ________
- No [Comments?] ________

9. Who will receive the results of the research, and how will the results be disseminated?

9. Who will receive the results of the research, and how will the results be disseminated? ________

10. Your Information:
Name: ________
Mailing address: ________
Telephone Daytime ________ Evening ________

11. Is there any other information we should know about your request?

11. Is there any other information we should know about your request? ________

12. Required signature for dissertation/thesis or research paper

I certify that the proposal herein presented is being conducted in conjunction with the requirements for completion of ________ degree/course.

Institution: ________

EXHIBIT 3 of 4
Committee Chair:  
Position:  

Send this completed form along with a one-page summary of the project and a copy of your complete research proposal, including permission forms and questionnaires, if used, to:

Associate Superintendent for Educational Services  
Dr. Stephanie Mohorne  
mohornes@waterlooschools.org  
Waterloo Community Schools  
1516 Washington Street  
Waterloo, Iowa 50702  

Office Use:

Date Received _____________________  
Approved  □  Denied  □

Date of Notification: ________________  

ADOPTED: 9/92  
7/23/99  
9/7/01  
11/9/06  

Reviewed: 9/92, 7/23/99, 9/7/01, 10/7/04, 11/9/06, 2/04/10, 12/3/15, 1/7/21