

BROWNSVILLE INDEPENDENT SCHOOL DISTRICT
Application for Research Study
(Please type)

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| Proposal Number: (Assigned by BISD) |
| Date of Submission: |
| Proposed Project Starting Date: |
| Proposed Project Ending Date: |
| Proposed Preliminary Report Date: |
| Title of Proposed Project: |
| Ultimate Purpose of Study (Thesis, Publication in Journal): |

I. Director of Research Project (i.e., Applicant)

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|---------------|
| Name: |
| Address: |
| Phone: (Home) |
| (Work) |

II. Faculty or Staff Sponsor of Research Project

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|---------------|
| Name: |
| Address: |
| Phone: (Work) |

III. Research Overview:

| SAMPLE | Number | Description (Grades, Schools, Demographics) |
|--------------|--------|---|
| Students | | |
| Staff/Others | | |
| Parents | | |

| PARTICIPATION | Time Required | Data Required (New & from School/Central Records) |
|---------------|---------------|---|
| Students | | |
| Staff/Others | | |
| Parents | | |

COMMENTS (please attach additional pages if necessary):

IV. Hypothesis of the study or research question(s):

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

VI. Brief summary of research design including data analysis procedures (if BISS databases are to be used, please be as detailed as possible about sampling needs, variables, and analyses required):

VII. Please utilize at least three of the most prominent research studies, articles, or books most pertinent to this field of research in answering the following questions (please attach additional pages if necessary):

- How will this study contribute to the Brownsville Independent School District?
- How does this study relate to BISD's current research priorities (p. 8)?
- How will this study contribute to this field of research?

VIII. Source of research funds:

IX. List equipment and names of tests to be used (attach description or copies of test instruments.):

X. Does any of the equipment or procedures to be used constitute a potential emotional or physical hazard to subjects?

No _____ Yes _____ (If yes, explain.)

XI. Facilities needed:

XII. Research Assistants:

XIII. Assurances:

I understand that I am requesting assistance in a research project and I am not requesting information pursuant to the Texas Open Records Act. If my request for research assistance is granted, I agree to abide by all policies, rules, and regulations of the district *including securing written parental permission prior to implementation of my project, and maintaining the confidential nature of records and the privacy and rights of the individual and school.*

Signed: _____

Director of Research Project

I have read the Procedures for Research in the Brownsville Independent School District by Outside Agencies or Individuals and understand that supervision of this project and responsibility for a report on its outcome rests with me. I also understand that the privilege of conducting future studies in the Brownsville Independent School District is conditioned upon the fulfillment of such obligations.

Signed: _____

Sponsor of Research Project

BROWNSVILLE INDEPENDENT SCHOOL DISTRICT
Access to Confidential Data
BISD Staff/Non-BISD Client Agreement
(Please sign and return with the Application for Research Study)

Director of Research Project: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone: Work _____ Home _____

 Fax _____ E-mail _____

Justifications: Educational Research

I understand that any unauthorized disclosure of confidential information is illegal as provided in the federal Family Educational Rights and Privacy Act of 1974 (FERPA), 20 U.S.C. 1232 *eg. seq.* and in the implementing federal regulations found in 34 CFR Part 99. FERPA is specifically incorporated into the Texas Public Information Act (formerly known as the Open Records Act). It is listed as an exception to records that are subject to disclosures to the public.

In addition, I understand that any data, datasets or output reports that I, or any authorized representative, may generate using my passwords are confidential and the data are to be protected. I will not distribute to any unauthorized person any data or reports that I have access to or may generate using confidential data. I understand that I am responsible for any computer transactions performed as a result of access authorized by use of my sign-on(s)/password(s).

I hereby agree that failure to abide by the requirements of this client agreement may lead to the immediate revocation of any contract (or research study) that I may be performing for BISD. I understand that any intentional, knowing, or negligent release of confidential student information to unauthorized persons may also subject me to a legal cause of action for violation of an individual's civil rights in addition to state or federal criminal penalties. I also understand that failure to observe these restrictions constitutes a "Breach of Computer Security," as defined in the Texas Penal Code, Chapter 33.02, B, and that such an offense constitutes a Class A misdemeanor.

Director of Research Project's Signature

Date

Faculty or Staff Sponsor of Research Project's Signature

Date

(Revised 7-23-01)

