

# Accountability, Assessment, Research and Evaluation



## Research Request – Class Projects



**Directions:** Please complete this form to place a request to conduct educational research for a class project (not a thesis, dissertation, or grant project) in Richland School District One. Please be mindful not to submit a project request that interrupts classroom instructional time or testing. **Submit to:** Dr. Jennifer Coleman at [jecoleman@richlandone.org](mailto:jecoleman@richlandone.org) or via fax at (803) 231-7458.

*\*Note: Anticipate turnaround time to span 3-4 weeks or longer for approvals and/or disapprovals on project requests. Also, you may not contact schools directly until given approval from AARE office.*

Requested by: \_\_\_\_\_ College: \_\_\_\_\_  
Degree Program: \_\_\_\_\_ Project Advisor: \_\_\_\_\_  
Project Advisor Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Student Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date Requested: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

**Description:**

*Detail the purpose of the research project and desired schools needed for participation.*

**Data Collection:**

*Detail the data that will be collected.*

Research Time Period(s): \_\_\_\_\_ Term(s):  Fall  Spring  Summer  Winter

Demographics:  Gender  Race  Lunch Status (F/R)

Assessments:  PASS  EOCEP  MAP  HSAP  SAT  ACT  Other: \_\_\_\_\_

Other data to be collected for the research project:

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**Research Outcomes:**

*What is the research question that you are trying to prove or disprove?*

INTERNAL USE ONLY

Date: \_\_\_\_\_

Comments:

Approved by:

Dr. Jennifer Coleman, Executive Director