

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 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.*

Applicant Name: _____ Address: _____
 Phone: _____ Email: _____
 Employer: _____ Position: _____
 College: _____ Degree Prg. _____
 Project Advisor: _____ Project Advisor Email: _____
 Date Requested: _____ Desired Start Date: _____

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

*Note: Please attach second page if more space is needed.

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:

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	