



Department of Assessment and Research | Hilliard City Schools
Research Request

Instructions to Researchers and Sponsors of Research Involving Students

1. Each research proposal must be submitted to a building principal or an immediate supervisor at least four weeks prior to the beginning of the research study. The research proposal will then be submitted to the Hilliard City School District's Office of Assessment and Intervention. Once submitted, the Research Committee will consider the application for approval.
2. All elements of the research proposal application must be completed prior to being considered for approval. (See attached application.) A letter will then be sent to the researcher informing him/her of approval status.
3. If the researcher is affiliated with a college or university, all research proposals must be pre-approved by the Internal Review Board from the sponsoring college or university. Documentation of this approval must be submitted with the attached Informed Consent to Participate form.
4. All participants must have a signed Research Study Permission form and a copy of the Informed Consent to Participate form.
5. A copy of each permission form must be submitted to the Department of Assessment and Intervention prior to the beginning of the research study.



Your son/daughter has been asked to participate in a research study. This study is not sponsored but has been approved by the Hilliard City School District. Information learned from this research study may benefit student learning. Please note that participating in this research study is completely voluntary. Your child may leave the research study at any time with no penalty to him/her. This form provides you with important information about the research study. It describes the purpose of the research study as well as how participants will be affected. Please take time to review this information carefully. If you agree to allow your son/daughter to participate in the research study, please sign the attached permission form.

Researcher Contact Information

Name		e-mail	
Phone		Street Address	
Cell Phone		City, State and Zip	

General Information

Project Title			
Time frame of study		Ages of participants	
No. of participants			

Names, degrees and affiliations of researchers conducting the research:

Project Details

Purpose of the Study

What will the participants be asked to do?

List the exact research procedures:

Scope of Project

Possible Benefits:

Possible Risks:

Project Confidentiality

The Hilliard City School District requires that private information about the participants is protected. What are your confidentiality measures?

Project Results

What results be shared?

How will they be shared and with whom?

What happens with the information if the participant withdraws from the research?



Please Sign Below

I give my permission for my son/daughter to participate in this research study. The researcher, _____, has sufficiently answered all of my questions regarding this research study. I understand that the researcher previously named or one of his/her assistants will be available to answer any additional questions that I may have throughout this research project. I also understand that I may voluntarily terminate my son's/daughter's participation in this research at any time without consequence. The researcher may also terminate my son's/daughter's participation in this research if he/she feels it is in his/her best interest. I certify that I am 18 years of age or older or the legal guardian of the research participant.

X _____

Date: