

Research Request Form
Department of Research, Evaluation, and Assessment
Bloomington Public Schools

**NOTE: RESEARCH REQUESTS WILL NOT BE ACCEPTED FOR REVIEW BETWEEN
MARCH 1 AND JUNE 30.**

Name _____ Date _____

Address _____

Phone: _____ Organization _____

If the study is part of your work for a degree, indicate type of degree:

Undergraduate _____ M.A. Or M.S. _____ Ph.D. _____ Ed.D. _____

Advisor's Name _____ Phone _____

Address _____

1. Purpose of Study

2. What request are you making of the Bloomington Public Schools? Give specific information on sampling, measuring instruments, time schedule, amount of time required by students or staff, number and names of schools to be involved (if known). If non standardized instruments are to be used, attach copies please.

3. If you have discussed this proposal with Bloomington Public School personnel, indicate with whom you have talked and the nature of your discussion.

4. What practical implications does your study have for the Bloomington Public School System? (If none, say none, but describe what value the study may have for children, in general.)

5. Have you conducted previous studies in the Bloomington Public Schools? Yes____ No____
If yes, give sufficient information about the most recent or pertinent study so that it can be located, i.e, date, who your contact was, and title or nature of the study
6. List the names of all personnel who will be involved in carrying out field operations.
7. Do you have any objection to publicity of your study at this time? Yes____ No____
8. Do you have the support of your supervisor? (For staff members only)? Yes ____ No ____
9. If you have a formal research proposal, please include it with this request.

RETURN TO
Department of Research and Evaluation
Bloomington Public Schools
1350 West 106th Street
Bloomington, MN 55431

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Fax:(952) 681-6497