

**THE SCHOOL DISTRICT OF
PHILADELPHIA
RESEARCH REVIEW COMMITTEE
Office of Research and Evaluation**

440 North Broad Street
2nd Floor, Portal A
Philadelphia, PA 19130
Phone: 215-400-6417 Fax: 215-400-4252

Application to Conduct Research Cover Page

This is a fillable PDF.

Principal Investigator(s)/Researcher(s)

1. Last Name 1	<input type="text"/>	First Name 1	<input type="text"/>	Prefix 1	<input type="text"/>
2. Last Name 2	<input type="text"/>	First Name 2	<input type="text"/>	Prefix 2	<input type="text"/>
3. Associated Organization/Institution 1	<input type="text"/>				
4. Associated Organization/Institution 2	<input type="text"/>				
5. Phone Number 1	<input type="text"/>	Phone Number 2	<input type="text"/>		
6. Email 1	<input type="text"/>		Email 2	<input type="text"/>	
7. Address	<input type="text"/>				
8. City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>

Proposed Study

9. Title of Study

10. Type of Study Academic Study* Dissertation* National Survey*
(We only accept the following types of study proposals at this time, you may select more than one.) Progress Monitoring or Grant-Mandated Reporting Program Evaluation

**PLEASE NOTE, if you selected "Academic Study," "Dissertation" or "National Survey," your research should relate to one of the District's Action Goals, specifically Action Goals 1, 2, or 3, outlined in Action Plan 3.0. For more information, please visit our website. If you have selected "Dissertation," please specify within your application whether it is in fulfillment of a Ph.D., Ed.D., or other degree type.*

11. If you selected **"Academic Study," "Dissertation" or "National Survey"** please list the Action Goal(s) that best describe your research.

12. If you selected **"Program Evaluation,"** please tell us the name of the program:

13. If you selected **"Progress Monitoring or Grant-Mandated Reporting,"** please tell us the name and source of the grant:

14. Duration of Study (**proposals with a start date less than 6 months after submission date will incur an additional fee**)

Submission Date Start Date End Date Final Report Submission

15. Identify all **District schools, divisions, and offices** involved in this research. Please include names of **contacts/collaborators**, if applicable. If you have not yet selected schools, please note key characteristics of your desired sample (e.g. "K-3rd grade students in 5 elementary schools").

16. Will you be requesting data from the District? Yes No

17. Do you have a standing MOU with the District? Yes No

18. If applicable, **describe the type of data you are requesting** (e.g. demographic information, test results, report card marks, school years, grades, schools, etc.). Please indicate whether you seek aggregate data or individual student records and the number of years. PLEASE NOTE, we only have student level data starting from the 2010-2011 school year.

19. In a separate document, please include a **Structured Abstract** of no more than 300 words. It will be used to communicate the essence of your research project to Administrators and others within the District who are involved in deciding whether the project aligns with District goals and needs.

Signature of Principal Investigator/Researcher 1

Signature of Principal Investigator/Researcher 2