



**APPLICATION TO CONDUCT RESEARCH IN THE  
SIMCOE COUNTY DISTRICT SCHOOL BOARD**

**Email completed form to:  
research@scdsb.on.ca**

Please do **not** write "See Attached" on the form in place of the information requested. Include a copy of all data collection instruments/forms/surveys and protocols that will be used in your research. Your application will be considered incomplete without these additional documents.

<b>1. IDENTIFYING INFORMATION:</b>	Date:
Name of Principal Investigator(s):	
Institution/Agency:	
Mailing Address:	
Telephone Home/cell :	Telephone Work:
E-mail:	
<b>Please Check All That Apply:</b>	
<b>SCDSB staff: Yes _ No _</b>	
<input type="checkbox"/> Graduate Course Project	<input type="checkbox"/> Doctoral Thesis
<input type="checkbox"/> Institutionally funded project (e.g., university, agency, hospital)	<input type="checkbox"/> Masters Thesis or MRP
<input type="checkbox"/> Other (please specify)	
<b>Please list any other school boards to which you have applied:</b>	

<b>2. TITLE OF STUDY:</b>
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<b>3. This is to certify that the proposal has been examined and meets:</b> a) the ethical standards for social and behavioural research; and b) standards for sound research design and methodology.
Name of Supervising Authority (Please Print): _____
Position: _____ Institution/Agency: _____
Signature: _____ E-mail: _____

<b>4. For Simcoe County District School Board staff only</b> (if seeking approval to conduct research in your own school):	
_____	_____
School Principal Name (please print)	Signature

<b>5. Approximate time periods for data collection:</b>	
Preferred start date: _____	Estimated completion date: _____

*Please begin by adding your responses in the spaces provided for each question (section 6(a) to 10). Applications that are submitted without responses in the spaces below and/or only contain instructions for the reviewer to 'see attachments' will not be reviewed. First, fill each space with your responses concisely stated. Should you require more space, include attachments that are clearly labeled according to the question number from this application.*

**6. OVERVIEW OF RESEARCH STUDY**

**(a) Brief description of the research topic and purpose:**

**(b) Statement of research questions or specific hypotheses:**

**(c) Conceptual framework for your study**

**7. SIGNIFICANCE OF RESEARCH STUDY**

**(a) Potential benefits and value of this study to education in general and SCDSB:**

**(b) Direct benefits of study to schools, students and/or staff (through participation and/or feedback):**

**8. DESCRIPTION OF RESEARCH METHODOLOGY**

(a) **Research design** *(be as specific as possible)*

**(b) Participants required:**

Schools:

Preferred Schools (if any):

Students:

Time Commitment Required for students:

Teachers:

Other Board Employees

**Please describe any special characteristics of the participants and the proposed method to identify potential participants.**

**(c) Data collection procedures** *(or describe process to retrieve existing data if applicable):*

**(d) Data collection instruments** *(List all measures to be used and attach copies: if commercial instruments are used, the investigator must use original copies of the instrument or attest that he/she has the copyright holder's written permission to duplicate.):*

**(e) Facilities required** *(e.g., location, size, research space, special arrangements):*

**9. ETHICAL CONSIDERATIONS AND PROTECTION OF PRIVACY:**

NOTE: *Since the inception of the Freedom of Information legislation, it is not possible to isolate specific individuals or groups and provide names to the researcher. Information collected as a routine part of school records is not obtained with the expectation of disclosure to independent researchers. Therefore, it is not possible to provide that information with names attached. For example, if you are selecting students by some identifying characteristics (e.g., all girls taking math) and you need the names to select the sample, you will need parental consent. We cannot give the names out. You will have to find a way to get the sample without undue demands on the school system.*

**(a) Personal information required from school board records (consent required):**

**(b) Describe procedures to ensure anonymity and confidentiality:**

**(c) Describe the method to be used to obtain informed consent (attach copies of all consent forms):**

**(d) What strategies will you use to ensure that your study will be free of bias and evaluation of individuals?**

**9. ETHICAL CONSIDERATIONS AND PROTECTION OF PRIVACY (continued):**

**(e) Describe how participants will be prepared for and debriefed from involvement in the study:**

**(f) Describe security procedures** *(i.e., time frame for storage, removal of personal identifiers and data retention and disposal for such items as audio and video tapes, hard copy and electronic files):*

**10. PROCEDURES FOR PROVIDING FEEDBACK:**

**(a) Describe procedures for providing feedback to participants** *(e.g., a written report and/or an executive summary; a workshop or information session for parents, staff and/or School Council):*

**(b) It is required that the completed report be submitted to Research and Decision Support Services of the Simcoe County District School Board and participating schools that request a copy.**

Expected date for submission:

**I agree that this research will be conducted according to the policies outlined by the Simcoe County District School Board, in particular that no Simcoe County District School Board schools, teachers or students will be identified in any report and the name of the school board will not be used. Further, I agree to follow the ethical guidelines as embodied by the Tri-Council Statement on Ethics.**

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date of Submission