

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 _____ Email _____

Phone Number _____ Organization _____

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

Undergraduate ____ M.A. ____ M.S. ____ Ph.D. ____ Ed.D. ____ Other (*Please specify*): ____

Advisor's Name _____ Phone _____ Email _____

1. Title and Purpose of Study:

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

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 and roles 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 ___ N/A ___
9. If you have a formal research proposal, please include it with this request.
10. If you have an IRB submission either accepted or pending, please include it with this request.

RETURN TO
Department of Research, Evaluation and Assessment
Bloomington Public Schools
1350 West 106th Street
Bloomington, MN 55431
PH: (952) 681-6486 Fax: (952) 681-6497

For Bloomington Public Schools Use Only:

Bloomington Public Schools					
Required Approval	Department/ School	Signature	Date	Approval	
				Yes	No
x	Research, Evaluation and Assessment				
x	Assistant Superintendent				
	Building Principal				