

**MANSFIELD INDEPENDENT SCHOOL DISTRICT
RESEARCH PROPOSAL FORM**

Please carefully read the instructions you received as part of this packet. In completing this **form**, make sure you include all items (a)-(d) with your submission (see the instructions for details on these items):

- (a) This completed form (one hard copy if submitted by mail).
- (b) The "Informed Consent" form(s) you will use for the study (one copy if submitted by mail) if applicable.
- (c) One sample of each data collection instrument you plan to use for the study. E-mail scanned electronic copies if possible. Otherwise, send by mail separately.
- (d) Completed IRB Form for research involving human subjects.
- (e) Detailed description of the proposed research methodology.

The applicant may begin the research upon receiving written permission from the Assessment, Accountability, & Analysis Office.

Submit all materials to:

Evans Onsongo, Ph.D.
Assessment & Accountability
615 East Board Street, Bldg 400
Mansfield, Texas 76063
Tel. 817-299-6352
Email: EvansOnsongo@misdmail.org

Part I. Overview

A. Principal Investigator Information

Name: \$ _____	Date Submitted: \$ _____
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B. Institution

Institution: _____
Address: _____ _____
E-Mail Address: _____
Telephone: _____ Fax: _____
Can you receive confidential information at the fax and E-Mail address provided above?

Part II. Information about the Study

Study Overview

Study Title:_____

Area of Study:_____

Specific Topic:_____

If “cut-and-pasting” text to complete the items below, make sure the text appears as Arial 10pt, Spacing 1.5.

1. Abstract – including (but not limited to) the nature and rationale of the study, its primary supporting references in the literature, its need and expected applied or theoretical value:

2. Major hypotheses/questions to be investigated:

3. Population(s) or data desired (describe in detail):

4. Titles of instruments (forms, questionnaires, tests, etc.) to be used for data collection:

5. Procedures planned for implementing treatment(s), administering instruments, and/or collecting data from district or school records:

6. Design and statistical techniques planned for data analysis:

7. Expected beginning date and completion date of study:

8. Form in which findings will be reported:

Applicant Part III. Signatures

I, the applicant, do hereby agree that I will abide by the policies and regulations of the Mansfield Independent School District and will furnish a copy of the abstract and report describing the findings of the study to the Mansfield ISD Department of Assessment, Accountability, & Analysis.

Signature of Applicant: _____ Date: _____

Sponsoring Professional

If you are presently a student, please ask the professional sponsoring your research (e.g., major professor, chairperson of your advisory committee, department head, etc.) to sign the following:

I am familiar with the proposed study and feel that the researcher submitting this proposal is professionally qualified to undertake the investigation. I also believe the research design to be valid and appropriate.

Signature of Sponsoring Professional/Advisor: _____

Position or Title: _____

Name of Institution and Department: _____

Mansfield ISD Contact Person for Coordination (optional)

If you have a district employee willing to coordinate the study, please provide the following information:

Name: _____ Title: _____

Department: _____ Phone: _____

Fax: _____

FOR District USE ONLY

Approved: _____ Denied: _____

Reason for denial: _____

Signature: _____ Date: _____