



Application to Conduct Research

Frederick County County Public Schools
191 South East Street
Frederick, Maryland 21701

FCPS Form 200-41F
[Regulation 200-41](#)
March 2023

Clear Form

*** NO RESEARCH WILL BE CONDUCTED PRIOR TO APPROVAL ***

SECTION 1: PRIMARY RESEARCH APPLICANT CONTACT INFORMATION

Applicant Name: _____

Research Affiliated Institution/Organization: _____

Address: _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____

Are you currently a FCPS employee: Yes No Former FCPS employee

If yes or former employer, provide your FCPS role and location:

SECTION 2: OTHER PERSONS INVOLVED WITH THE RESEARCH

Name: _____

Title/Affiliation: _____

Name: _____

Title/Affiliation: _____

Name: _____

Title/Affiliation: _____

SECTION 3: QUALIFICATIONS OF RESEARCHER

Is your research for an educational degree program: Yes, masters Yes, doctoral No

Degree/major on which you are working: _____

If not for a degree program, please specify other:

Years of work experience in this field: _____

SECTION 4: RESEARCH PURPOSE

Name of Study: _____

Purpose of Study: _____

Describe the benefits of the research to FCPS:

SECTION 5: RESEARCH DESIGN/PROCEDURES

Indicate the target population(s) and proposed data/data collection methods in your research.

Target Population	Postsecondary Data Analysis (specify)	Surveys	Interviews / Focus Groups	Observations	Document Review	Other (specify)
Students						
School Principal						
Teachers						
Parents						
Central Office						
Other						

School(s) of Interest: Elementary Middle High Not applicable

Other, specify:

If specific schools are included in your research, please indicate which schools:

Provide additional information describing your targeted populations for your study (e.g., number targeted for your sample, targeted grades, special services, or demographics, etc.):

Duration of research project: _____

Estimate the time required of research participants (students, teacher, and other school personnel) involved:

Indicate the research materials that are included with your research application:

Detailed research protocol (includes purpose of research, research questions, recruitment, methods, data privacy/security, data analysis, and reporting)

Copy of IRB approval (If not included, please explain):

Consent form(s). No research project requiring home/family information or identification of individual students by name or code shall be approved without requiring informed parental consent. At minimum, consent forms should include a detailed explanation of the research and participant's involvement, benefits/risks, safeguards and confidentiality procedures, participant's voluntary choice to participate or withdraw, opportunity to receive copy of results, and contact to ask questions.

Copy of survey(s)

Copy of interview/focus group protocol or guide

Other, specify:

SECTION 5: ADDITIONAL INFORMATION

Please provide any additional information regarding your research:

SECTION 6: SIGNATURE

Applicant Signature _____ Date _____

- For purposes of this form, my typewritten name is considered my signature.
- I understand that this application does not constitute an approval of the study for collection of data in the FCPS system.
- I have read and understand the policies and procedures outlined in FCPS Regulation No. 200-41.

SECTION 7: STATUS OF REQUEST

To be completed by FCPS staff only.

Rendered Decision: Approved Conditional approval Denied

Name of Reviewer: _____

Signature Date: _____

Aligned to FCPS Aspirational Goal(s): Goal 1 Goal 2 Goal 3 Goal 4 Goal 5