

**Lancaster Independent School District
Office of Research and Evaluation
Form A - Research Application**



I. MAIN PROJECT CONTACT INFORMATION		
Title:	First Name:	Last Name:
Position:		Organization
Create a Project ID: Combine your First and Last Initial with the last 4 digits of your social security number. (ex: Tony Tiger – TT1234)		Project ID:

Organization Type: (place an X in the box to the left)

<input type="checkbox"/> K-12 Public School <input type="checkbox"/> K-12 Private School <input type="checkbox"/> K-12 Charter School <input type="checkbox"/> University – Student <input type="checkbox"/> University – Faculty / Staff	<input type="checkbox"/> Research Firm <input type="checkbox"/> Governmental Agency <input type="checkbox"/> Non-profit Organization <input type="checkbox"/> Other – enter type below <input type="checkbox"/>
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Address: City, State, Zip:

Phone: Cell Phone:

Email address:

II. PROJECT DIRECTOR OR SUPERVISING PROFESSOR CONTACT		
Title:	First Name:	Last Name:
Position:		Organization
Phone:		Cell Phone:

Email address:

III. GENERAL PROJECT INFORMATION

Project Title:

Research Start Date: Research End Date

Overall Project Purpose:

<input type="checkbox"/>	Academic Research for Publication/Presentation
<input type="checkbox"/>	Class Project / Action Research Paper
<input type="checkbox"/>	Doctoral Dissertation
<input type="checkbox"/>	Master's Thesis
<input type="checkbox"/>	Program Evaluation / Grant Reporting

GENERAL PROJECT INFORMATION (CONTINUED)



RESEARCH TOPIC(S) - Please indicate up to three research topics that best represent the project.

- | | |
|--|--|
| <input type="checkbox"/> Academic Achievement | <input type="checkbox"/> English Language Learner (ELL) |
| <input type="checkbox"/> At-Risk Students | <input type="checkbox"/> Ethnic or Cultural Studies |
| <input type="checkbox"/> College Readiness | <input type="checkbox"/> Physical Health and Safety |
| <input type="checkbox"/> Curriculum or Instruction | <input type="checkbox"/> Student Social or Emotional Development |
| <input type="checkbox"/> Educational Policy or Leadership | <input type="checkbox"/> Supplemental Programs |
| <input type="checkbox"/> Professional Learning & Development | <input type="checkbox"/> Teacher Professional Practices |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Other: |

STRATEGIC PLAN ALIGNMENT - What LISD Vision 2020 goals will this study primarily address?

- SP1-We will assimilate the use of technology to produce creative and innovative learners.
- SP2-We will provide collaborative, relevant training to all stakeholders that is interfaced with all instructional initiatives, including STEM, PBL, and district curriculum resources.
- SP3-We will utilize 21st century practices to design a recruitment, retention, and development system for personnel that capitalizes on strengths and talents.
- SP4-We will empower, educate, and encourage families to embrace involvement in education.
- SP5-We will create new experiences that will result in an overall positive perception of the community.
- SP6-We will collaborate with business and community leaders to invest in the vision and mission of LISD.
- SP7-We will provide customized learning environments to ensure that all learners reach self-sustaining learning potential.

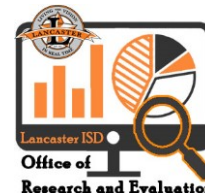
GRANT INVOLVEMENT

Are you proposing this research as part of a grant application? Yes No

Grant Type:

- Curriculum or Instructional methods program (e.g., reading, science, instruction)
- Student service program (e.g., dropout prevention, student mentoring)
- Professional Learning and Development
- Others

Grant Description



GENERAL PROJECT INFORMATION (CONTINUED)

PROGRAM OR CURRICULUM INVOLVEMENT

Are you proposing the implementation of a program or curriculum? Yes No

Program or Curriculum Type:

- Curriculum or Instructional methods program (e.g., reading, science, instruction)
- Student service program (e.g., dropout prevention, student mentoring)
- Professional Learning and Development
- STEM Programs
- After School Programs
- Summer Programs
- Other

Program or Curriculum Description:

LISD FACILITIES REQUIRED FOR STUDY

Are Lancaster ISD facilities required for the project? Yes No

If applicable, please describe the facilities required.

ACADEMIC SCHOOL YEARS

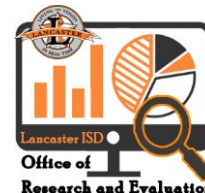
Please indicate the first and last school year involved in the project.

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> 2011-2012 | <input type="checkbox"/> 2014-2015 |
| <input type="checkbox"/> 2012-2013 | <input type="checkbox"/> 2015-2016 |
| <input type="checkbox"/> 2013-2014 | <input type="checkbox"/> 2016-2017 |

PARTICIPANT INVOLVEMENT

Indicate the participant(s) involved in the project.

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Students | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Teachers | <input type="checkbox"/> Campus Staff |
| <input type="checkbox"/> Campus Administrators | <input type="checkbox"/> Other |



IV. SUPPORTING DOCUMENTS

Please indicate the supporting documents you are including with this application. If other, please specify.

- Parent/Guardian Consent Form
- Student Assent Form
- Teacher/Staff Consent Form
- Principal Consent
- LISD Sponsor / Partner of Study
- Curriculum or Program Description
- Interview Protocols (Researcher generated)
- Surveys
- Institutional IRB Approval Letter
- Other:

Application Fee Structure

Please make cashier’s check or money order payable to Lancaster ISD and include your project title on the check.

- Waived** - Lancaster Staff
- \$50 – Graduate Students
- \$100 – Non-profit organization, Professors, Universities, Research firms, etc.

- By checking this box, you commit to the following:
 - 1) Adherence of the Assurances and Confidential Data Access requirements,
 - 2) Application Fee requirements,
 - 3) Required Supporting Documents
 - 4) All information submitted is true and correct

Signature of the person submitting the application

To complete the application process, please submit the application fee with a printed copy of the required forms to Antionette Mathews, Office of Research and Evaluation at the address below.

Office of Research and Evaluation
 1201 N. Dallas Avenue
 Lancaster, Texas 75146
 Phone: 972-218-1409
 Fax: 972-218-1646
 Email: research@lancasterisdd.org
 Web: www.LancasterISD.org/Research

Connie Isabell
 CHIEF ACADEMIC OFFICER

Antionette Mathews
 DIRECTOR OF RESEARCH, PROFESSIONAL LEARNING
 AND SPECIAL PROJECTS

Daisy Thompson
 ADMINISTRATIVE ASSISTANT