



# Moorhead Area Public Schools

## Independent School District 152

Probstfield Center for Education • 2410 14th St. S. • Moorhead, Minnesota 56560

Fax: (218) 284-3333 • www.moorhead.k12.mn.us

Superintendent of Schools: (218) 284-3330

Assistant Superintendent: (218) 284-3370 • Human Resources: (218) 284-3350

### Research Study Request Form

Administrative Procedure: 922.1

Date Adopted: 3/11/1980

Dates Reviewed: 1/14/99, 2/27/2006, 11/16/2009

Section: 900 COMMUNITY RELATIONS

Date Revised: 2/27/2006, 11/16/2009

### RESEARCH REQUEST FORM

| Required Approval | Department           | Signature | Date | Approval |    |
|-------------------|----------------------|-----------|------|----------|----|
|                   |                      |           |      | Yes      | No |
|                   | Superintendent       |           |      |          |    |
|                   | Bldg. Administrator  |           |      |          |    |
|                   | Other Administration |           |      |          |    |
|                   |                      |           |      |          |    |

Please indicate reactions to this project in writing to the Superintendent or designee.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone Number \_\_\_\_\_ Organization \_\_\_\_\_

Other \_\_\_\_\_

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

Undergraduate \_\_\_\_\_ Masters \_\_\_\_\_ Specialist \_\_\_\_\_ Ed.D. \_\_\_\_\_ Ph.D. \_\_\_\_\_

Other:

1. DATE OF STUDY:

2. PURPOSE OF STUDY:

3. What request are you making of the Moorhead Area Public Schools? Give specific information on sampling, measuring instrument, time schedule, amount of time required by staff, and number and names of schools to be involved (if known). If non-standardized instruments are to be used, please attach copies.

4. If you have discussed this proposal with Moorhead Area Public School personnel, indicate whom you have talked to and the nature of your discussion.

5. What practical implications does your study have for the Moorhead Area Public School system? (If none, say none, but describe what value the study may have for children in general.)

6. Have you conducted previous studies in the Moorhead Area 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 of nature of the study.
7. List the names of all personnel who will be involved in carrying out field operations.
8. Do you have any objection to publicity of your study at this time? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Do you have the support of your supervisor? (For staff members only) Yes \_\_\_\_\_ No \_\_\_\_\_
10. If you have a formal research proposal, please include it with this request.

***If this request is granted, I agree to abide by School Board Policy 922 and Administrative Procedures for implementation.***

Signature of Researcher \_\_\_\_\_ Date \_\_\_\_\_

Institution of Higher Education \_\_\_\_\_

Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_

Return to:  
Superintendent  
Moorhead Area Public Schools  
2410 14th Street South  
Moorhead, MN 56560