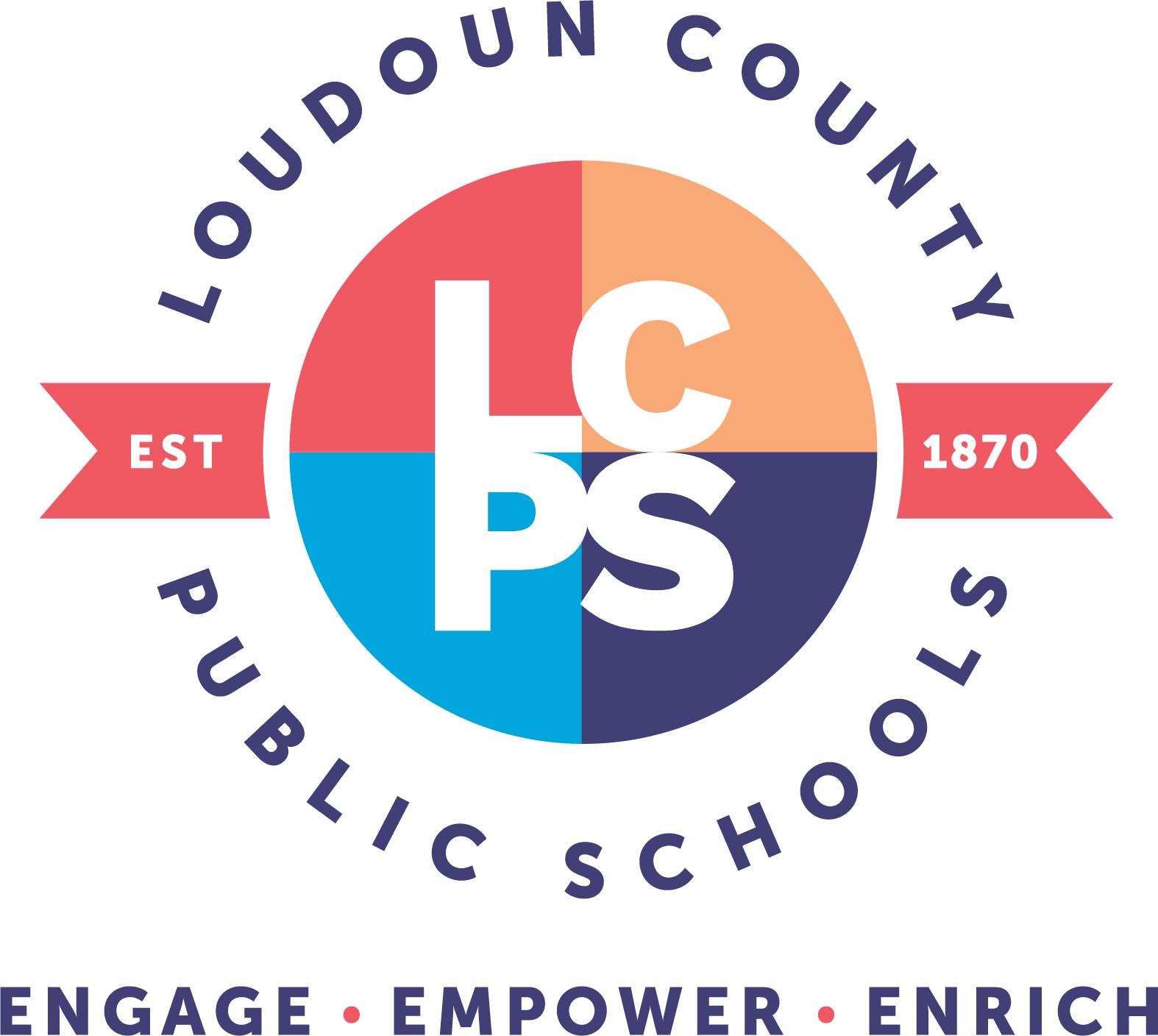
Loudoun County Public Schools

## Research Request Form

Research Office

21000 Education Court

Ashburn, VA 20148

Phone: 571-252-1310 | Fax: 571-252-1633

Please complete and email this form along with all supporting documentation to the Loudoun County Public Schools (LCPS) Research Office at [research@lcps.org](mailto:research@lcps.org). Any actions associated with the request may not be initiated without prior notice of approval. Allow 4-6 weeks for review of a complete proposal. For more information on the review process, [contact](mailto:research@lcps.org) the Research Office. NOTE: Proposals are not reviewed between the last day of school in June and the 10th of July or during the month of August.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | | | | **Date of Request:** |
| **Address:** | | | | |
| **City:** | **State:** | | **Zip Code:** | |
| **Email:** | | **Telephone:** | | |

### Description of Research Request

Describe the research study in as much detail as possible in order to facilitate the review process.   
The following areas must be addressed or the request form will be returned incomplete.

* Purpose of study
* Methodology
* Subjects/participants (include minimum sample size for LCPS and remove any incentives)
* Instruments
* Length of study (include schedule for data collection)
* Data analysis
* Proposed communication of results
* Potential for publication (include how LCPS will be de-identified)
* Benefits to LCPS
* Confidentiality and anonymity statements (include how data will be stored and destroyed)

Please also attach ALL documents to be used in this study, such as recruitment materials, consent forms, instruments, protocols, dissertation proposal (first three chapters), course paper, and/or IRB approval letter.

|  |  |
| --- | --- |
| **Organizational Affiliation (e.g., university):** |  |
| **Principal Investigator’s and/or Supervising Professor’s Name and Email:** |  |
| **Course Number and Course Title  (if appropriate):** |  |
| **Program of Study (if appropriate):** |  |

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**Print Name Signature**