



Request for Letter of Support for Research Study

Office of Research and Evaluation - Form 6

Section A: Applicant Information

Name of Primary Researcher: _____

Title and Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Highest Degree Earned: _____

Name, title, and organization of additional researchers to be involved in the study: _____

Primary SBUSD Administrator(s) and Site(s): _____

Section B: Study Proposal

Study Title: _____

Study Abstract & Alignment to SBUSD Plans

Please provide a brief, comprehensive summary of your study and how it aligns to SBUSD goals. Access SBUSD plans at <http://www.sbunified.org/plans/>.

Data Collection Methods (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Classroom observation | <input type="checkbox"/> Student records, de-identified or with a code |
| <input type="checkbox"/> Focus group(s) | <input type="checkbox"/> Student records, with I.D. or identifying information |
| <input type="checkbox"/> Interview(s) | <input type="checkbox"/> Survey |
| <input type="checkbox"/> Shadowing | <input type="checkbox"/> Other: _____ |

Study Start Date: _____ Study End Date: _____



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Section C: Study Funding and Assurances

Organization from which you are seeking funding: _____

Website: _____ **Funding Application Deadline:** _____
Funding Notification Date: _____

Assurances

If granted by SBUSD, I understand the letter of intent is not a legally binding document, does not guarantee SBUSD's participation in the study, and that I must subsequently apply and receive formal approval from SBUSD to conduct the resulting study prior to engaging in any research activity.

 Applicant Signature Date

Please secure approval from the site principal(s) to complete your request:

Name & Site	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR SBUSD USE ONLY			DO NOT WRITE BELOW THIS LINE	
Approval	Non-Approval	Initial	Date	SBUSD Administrator
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Asst. Supt. _____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Asst. Supt. _____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Superintendent or Designee Decision: I approve a letter of support
 I do not approve a letter of support

 Superintendent: Signature Name (please print) Date

OR

 Designee - Director, R&E: Signature Name (please print) Date

FOR USE BY OFFICE OF RESEARCH AND EVALUATION	Student records data request: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TBD Date Notice Sent: _____
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*****SUBMIT COMPLETED FORM TO RESEARCH@SBUNIFIED.ORG AND CC SITE PRINCIPAL(S).*****