

## REQUEST TO CONDUCT RESEARCH

- Researchers must complete this form and provide all documentation identified in Part G.
- Once completed, this form and supporting materials must be sent to [melanie.demers@dsb1.ca](mailto:melanie.demers@dsb1.ca) for review by the Director of Education.
- Participation in the research must be entirely voluntary.
- Contact information for each school is available on [our website](#).

### PART A: RESEARCHER INFORMATION

|                        |  |
|------------------------|--|
| Researcher's Full Name |  |
| Institution            |  |
| Email Address          |  |
| Telephone Number       |  |

### PART B: CO-INVESTIGATORS/ SPONSORS/ ADVISORS

|                  |  |
|------------------|--|
| Full Name        |  |
| Institution      |  |
| Position Held    |  |
| Email Address    |  |
| Telephone Number |  |

### PART C: NATURE OF RESEARCH

|                                                 |  |
|-------------------------------------------------|--|
| <input type="checkbox"/> Faculty Research       |  |
| <input type="checkbox"/> Doctoral Thesis        |  |
| <input type="checkbox"/> Master's Thesis        |  |
| <input type="checkbox"/> Undergraduate Thesis   |  |
| <input type="checkbox"/> Other (please specify) |  |

### PART D: PROJECT DETAILS

|                                            |  |
|--------------------------------------------|--|
| Title of Study                             |  |
| Start Date                                 |  |
| End Date                                   |  |
| Is the project funded, and if so, by whom? |  |

## PART E: OVERVIEW OF STUDY

Provide a brief overview of the study, including the purpose or aim(s) of the research, rationale, research question, (problem(s) to be investigated), methodology, and implications.

Which of the following area(s) of study is your proposed research best aligned with? (Select all that apply).

☐ Early Literacy

☐ Knowledge and application of numbers and operations

☐ Transition to secondary school

☐ Programming and support for graduation

☐ Understanding students' identities and lived experiences and integrating those into teaching and learning

☐ Promoting positive student behaviours and creating caring, safe spaces for learning

☐ Importance of social connections for students

☐ Innovative teaching and learning practices

☐ Promoting mental health and well-being among students and staff

☐ Best practices for virtual learning

Briefly describe how your proposed research aligns with the area(s) of study indicated above.

Briefly describe the benefits of the research to District School Board Ontario North East (DSB1) and to the general educational knowledge.

|                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                            |
| Briefly describe the research design and methods of the study. Describe data collection tools (e.g. interviews/focus group questions, and/or observation/field note templates. Final copies of all assessments and tools must be attached to your request. |
|                                                                                                                                                                                                                                                            |

|                                                                               |
|-------------------------------------------------------------------------------|
| <b>PART F: PARTICIPANT INFORMATION</b>                                        |
| Describe how participants will be selected.                                   |
|                                                                               |
| Indicate how much time will be required of participants.                      |
|                                                                               |
| Indicate if participants will be compensated for their participation and how. |
|                                                                               |

|                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------|
| <b>PART G: SUPPORTING DOCUMENTATION</b>                                                                                    |
| Confirm that the following supporting documentation is included with this request                                          |
| <input type="checkbox"/> A copy of the Approval from the institution's Ethics Review Board                                 |
| <input type="checkbox"/> A copy of the consent form(s) for participants                                                    |
| <input type="checkbox"/> A copy of all data collection tools to be used (e.g. surveys, focus group or interview questions) |
| <input type="checkbox"/> A copy of the correspondence to be sent to schools, asking for their assistance                   |

|                                                                                  |                                   |                                 |
|----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|
| <b>SCHOOL BOARD – To be returned to contact once completed</b>                   |                                   |                                 |
| NOTE: A copy of this form must accompany initial correspondence to a DSB1 school |                                   |                                 |
| Request has been:                                                                | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
|                                                                                  |                                   |                                 |
| Director of Education or Designate                                               | Date                              |                                 |

