



OFFICE OF TECHNOLOGY SERVICES

2525 Belton Street
Corpus Christi, Texas 78416

Office: 361-878-3932
www.ccisd.us

I. Project Contact Information

AER Number _____ Date Received - _____

Title: _____ First Name: _____ Last Name: _____ Position: _____

Department: _____ Organization: _____

Type of Organization: _____ Address 1: _____ Address 2 (if applicable): _____

City: _____ State: _____ Zip: _____

Email Address: _____ Telephone #: _____ Extension: _____ Cell Phone #: _____

II. Project Director or Supervising Professor Contact

Title: _____ First Name: _____ Last Name: _____ Position: _____

Department: _____ Organization: _____

Type of Organization: _____ Address 1: _____ Address 2 (if applicable): _____

City:

State:

Zip:

Email Address: _____

Telephone #: _____

Extension: _____

Cell Phone #: _____

III. General Project Information

Project Title: _____

Research Start Date: _____

Research End Date: _____

Project Purpose: _____

Strategic Plan - What CCISD Strategic Plan goals does the study primarily address?

Does any aspect of your study pose a potential emotional or physical harm to participants?

Yes

No

Research Topic(s) – Please indicate up to three research topics that best represent the research focus of your project.

Academic Achievement

At-Risk Students

College Readiness

Curriculum or Instruction

Educational Policy or Leadership

English Language Learner (ELL)

Ethnic or Cultural Studies

Physical Health or Safety

Professional Development

Special Education

Student Social or Emotional Development

Supplemental Programs

Teacher Professional Practices

Other(If other, please specify)

Grant Involvement – Are you proposing this research as part of a grant application?

Yes

No

If yes, are you requesting a letter of support from CCISD?

Yes

No

Grant Type: _____

Grant Description (Please include your program approval, if applicable.)

IV. Research Design

HYPOTHESIS – What hypothesis (es) or research/evaluation question(s) is/are being developed?

RESEARCH DESIGN – Please provide a brief summary of your research or evaluation design, including statistical analysis procedures. **If you require additional space, please send additional pages as an attachment labeled “Research Design.”**

CONTRIBUTION TO CCISD AND THE FIELD OF EDUCATION

In a brief summary, answer the following questions, referring to at least three of the most prominent studies, articles or books from the knowledge base this project addresses:

- *How will this project contribute to Corpus Christi ISD?
- *How does this project relate to CCISD’s Strategic Plan/Lone Star Governance Plan?
- *How will this project contribute to the field of education or the area it addresses?

Campus involvement ID:

AER Number:

V. CCISD Campus Involvement

Please indicate the campus (es) you wish to include in your study. There is an "All" and/or "No Schools" option for each category. If the section does not apply to you, please choose the "No Schools" option and move forward to the next category.

High School Campuses

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Branch (014) | <input type="checkbox"/> No HS | <input type="checkbox"/> All HS | <input type="checkbox"/> King (002) |
| <input type="checkbox"/> Miller Metro (003) | <input type="checkbox"/> Carroll (001) | <input type="checkbox"/> Collegiate (008) | <input type="checkbox"/> Veterans Memorial (015) |
| | <input type="checkbox"/> Moody (004) | <input type="checkbox"/> Ray (005) | |

Middle School Campuses

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Adkins (057) | <input type="checkbox"/> No MS | <input type="checkbox"/> All Middle Schools | <input type="checkbox"/> HAAS (048) |
| <input type="checkbox"/> Cunningham at South Park (046) | <input type="checkbox"/> Baker (041) | <input type="checkbox"/> Browne (043) | <input type="checkbox"/> |
| <input type="checkbox"/> Hamlin (049) | <input type="checkbox"/> Driscoll (047) | <input type="checkbox"/> Grant (056) | |
| | <input type="checkbox"/> Kaffie (055) | <input type="checkbox"/> Martin (050) | |

Elementary School Campuses

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Allen (101) | <input type="checkbox"/> No ES | <input type="checkbox"/> | <input type="checkbox"/> All ES | <input type="checkbox"/> Club Estates (146) |
| <input type="checkbox"/> Crockett (108) | <input type="checkbox"/> Barnes (152) | <input type="checkbox"/> Berlanga (104) | <input type="checkbox"/> Evans (110) | <input type="checkbox"/> Fannin (111) |
| <input type="checkbox"/> Galvan (150) | <input type="checkbox"/> Dawson (154) | <input type="checkbox"/> ECDC (153) | <input type="checkbox"/> Hicks (106) | <input type="checkbox"/> Houston (117) |
| <input type="checkbox"/> Jones (151) | <input type="checkbox"/> Garcia (115) | <input type="checkbox"/> Gibson (116) | <input type="checkbox"/> Los Encinos (121) | <input type="checkbox"/> |
| <input type="checkbox"/> Menger (124) | <input type="checkbox"/> Kolda (158) | <input type="checkbox"/> Kostoryz (118) | <input type="checkbox"/> | <input type="checkbox"/> Moore (148) |
| <input type="checkbox"/> Oak Park (127) | <input type="checkbox"/> Metro E (107) | <input type="checkbox"/> Mireles (149) | <input type="checkbox"/> Shaw (122) | <input type="checkbox"/> Smith (134) |
| <input type="checkbox"/> Travis (136) | <input type="checkbox"/> Sanders (130) | <input type="checkbox"/> Schanen Estates (132) | <input type="checkbox"/> Windsor Park (139) | <input type="checkbox"/> Woodlawn (140) |
| <input type="checkbox"/> Yeager (141) | <input type="checkbox"/> Webb (157) | <input type="checkbox"/> Wilson (138) | | |
| | <input type="checkbox"/> Zavala (142) | | | |

Special Campuses

- | | | | |
|--------------------------|--|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> No Special Campuses | <input type="checkbox"/> All Special Campuses | <input type="checkbox"/> Student Support Center (SSC) (054) |
| | <input type="checkbox"/> Coles HS & Educational Center (009) | <input type="checkbox"/> Mary Grett School (143) | |

Grade Levels

(Please check all grade levels involved in your study.)

- | | | | | |
|---|--|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> Early Education (EE) | <input type="checkbox"/> Pre-Kindergarten (PK) | <input type="checkbox"/> Kindergarten (KG) | <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 2 |
| <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Grade 6 | <input type="checkbox"/> Grade 7 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Grade 8

Grade 9

Grade 10

Grade 11

Grade 12

VI. CCISD Data Collection Release

GNC Regulation Policy information is located at the External Research link on the CCISD Information Systems Web page.

Important Dates and Forms Necessary for Data Collection and Release

1. Individual students, staff, or schools may not be identified in any research or evaluation product.
2. All data collection involving schools must be completed by May 1st.
3. No Data collection is allowed on testing days. Be sure to consult the District testing schedule.

Required Consent / Assent Forms

- * If you will be collecting student level data, you must obtain active parental consent.
- * If you will be collecting data from students, staff, parents, or other adult participants, you must obtain assent and/or consent.
- * Consent/assent forms used for parents, staff, or other participants must be written in both English and Spanish.
- *Copies of the consent/assent forms are required with your supporting document(s) upon submitting this application.

VII. Existing Student Records Data Request

Approval of this application does not automatically provide access to the data. You must obtain and approved Data Sharing Agreement (DSA) with CCISD for access to individual data records. Any data you plan on analyzing must be stated explicitly in your consent form(s). You will not be allowed to access information which is not described in your consent form unless a second consent is obtained. Please be advised that time constrains will be taken into consideration as one factor for approving projects. If the project is approved, data requested may be processed at a nominal fee per hour.

Are you requesting existing student data records? (e.g., demographics, test scores, attendance records, etc.)

 Yes

 No

If you will not be requesting EXISTING STUDENT RECORDS, skip this section and proceed to the section for New Data Collection.

Data Records Request

Data Types – What type of data are you requesting?

 Student Level

 Aggregate

 Comparison Group

Data Elements – What data elements are you requesting?

 Demographic

 Discipline

 Grades

 Promotion

 Graduation

 /Assessment

 Other (if Other, please specify)

Data Pull Schedule

 One Time Only

 Annually

 By Semester

 By Each 6- or 9-Week Grading Period

 Other (If Other, please specify)

Detailed Description

All records that you wish to access should be specifically listed. Please avoid terms such as "academic information" and "test scores." For example: "For the school year, please provide student level data including: ethnicity, gender, school number, days attended by semester, days enrolled by semester, and school year GPA."

VIII. New Data Collection

Are you collecting data directly from students, parents, staff, and/ or other participants? Yes No

If you will not be conducting any NEW DATA COLLECTION, skip this section to move forward with the application.

PARTICIPANT INVOLVEMENT

Indicate the participant(s) involved in your evaluation/study:

- Student
 Teacher
 Administrator
 Campus Staff Member
 Parent/Guardian
 Other

METHOD OF DATA COLLECTION

Please indicate the number of participants, time required, and frequency for each method involved in your study. Skip the participant rows which do not apply to your study. Provide a copy of all study instruments (e.g., survey questions, interview protocols, etc.) as part of your supporting documents. If applicable, provide the names, job titles, and institutional affiliations of any research/evaluations assistants who will collect the data.

N/A – This section does not apply to my study.

MINUTES – Time required for each survey, interview, etc., (in minutes).

FREQUENCY – Indicate how many will take place during the course of the study.

Approximate Number of Participants	Survey/Assessment			Interview/Focus Group			Observation			Audio/Video Recording		
	N/A	Minutes	Frequency									
Students	<input type="checkbox"/>											
Teachers	<input type="checkbox"/>											
Campus Administrators	<input type="checkbox"/>											
Parents/Guardians	<input type="checkbox"/>											
Other	<input type="checkbox"/>											

Special Sample Characteristics – Please provide any special characteristics of your sample (e.g., gender, ethnicity, courses, etc.).

Student Characteristics

Staff Characteristics

Parent/ Guardian and Other Participant Characteristics ** If your subject/participant falls under "OTHER", please identify your subject/participant

IX. Assurances to Corpus Christi ISD and Supporting Documents

ASSURANCES TO CORPUS CHRISTI ISD (You will be asked to provide a signed copy of these assurances when your application is approved).

By submitting this application, you agree to the following terms and conditions which are described in detail on the External Research web page:

1. I understand that I am requesting assistance in a research and evaluation project, and I am not requesting information pursuant to the Texas Open Records Act. If my request to conduct research and evaluation assistance is granted, I agree to abide by all policies, rules, and regulations of the District including securing written parental permission prior to implementation of my project, maintaining the confidential nature of records, and respecting the privacy and rights of the individual and the school.
2. I have read the policies, procedures and protocols for External Research in the Corpus Christi Independent School District by outside agencies and individuals. I understand that that I am responsible for providing a copy of this study to OAA. I also understand that the privilege of conducting future studies in the Corpus Christi Independent School District is conditioned upon the fulfillment of such obligations.
3. I understand that any unauthorized disclosure of confidential information is illegal as provided in the Federal Educational Rights and Privacy Act of 1974 (FERPA), 20 U.S.C. 1232 eg. seq. and in the implementing federal regulations found in 34 CFR Part 99. FERPA is specifically incorporated into the Texas Public Information Act (formerly known as the Open Records Act). It is listed as an exception to records that are subject to disclosure to the public.
4. In addition, I understand that any data, data sets or output reports that I, or any authorized representative, may generate are confidential, and the data are to be protected. I will not distribute to any unauthorized person any data or reports that I have access to or may generate using confidential data.
5. I hereby agree that failure to abide by the requirements of this client agreement may lead to the immediate revocation of any contract (or research project) that I may be performing for CCISD. I understand that any intentional, knowing, or negligent release of confidential information to unauthorized persons may also be subject me to legal cause for action for violation of an individual's civil rights in addition to State or federal criminal penalties.

Researcher's Signature: _____

Date:

SUPPORTING DOCUMENTS

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

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Campus Principal Consent Form | <input type="checkbox"/> Parent/Guardian Consent Form – English | <input type="checkbox"/> Parent/Guardian Consent Form – Spanish | <input type="checkbox"/> Student Assent Form - English | <input type="checkbox"/> Student Assent Form - Spanish |
| <input type="checkbox"/> Teacher Consent Form | <input type="checkbox"/> Campus Staff Other than Teacher Consent Form | <input type="checkbox"/> Researcher Confidentiality Agreement | <input type="checkbox"/> Interview Protocol(s) | <input type="checkbox"/> Surveys |
| <input type="checkbox"/> Curriculum or Program Description | <input type="checkbox"/> Letter of Support | <input type="checkbox"/> Other (if Other, please specify) | | |