



# Galena Park ISD Research Request Form

Primary Investigator's Name \_\_\_\_\_

Name of University/Company/Organization \_\_\_\_\_

Department \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_ Home \_\_\_\_\_

Secondary Investigator's Name (if applicable) \_\_\_\_\_

Name of University/Company/Organization \_\_\_\_\_

Department \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_ Home \_\_\_\_\_

Faculty Advisor's Name (if applicable) \_\_\_\_\_

Name of University/Company/Organization \_\_\_\_\_

Department \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_ Home \_\_\_\_\_

Title of Study:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly state the purpose of the study: *The purpose of this study is to determine* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the participants needed in the research.  
\_\_\_\_\_  
\_\_\_\_\_

State the approximate number of participants.

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Describe the specific data that will be collected from or about the participants.

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Indicate the time period the data collection will occur.

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Briefly describe how the data will be collected. (i.e. surveys, questionnaires, interviews, test scores, etc.)

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Briefly describe how stake holders will be encouraged to participate in the research.

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Describe how confidentiality of the data will be maintained.

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Describe any benefits that the research may provide to the stakeholders in Galena Park ISD.

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Has approval already been received from the institution (university/company/organization)? If so, please submit a copy of the approval to conduct research.

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Who will be using this information? Is it a committee, or an outside agency? Please provide some information about who will be using the results of your request, and how?

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If questionnaires, surveys, interview questions, or other measures are being utilized in the research, a copy must be submitted with the application. Please upload any document or file that is relevant to this request (e.g. a past survey or report needing to be updated for your department, reference material, etc.)

Anticipated Start Date \_\_\_\_\_

Anticipated End Date (maximum 1 year after approval) \_\_\_\_\_

Please email the Research Request Form and all additional information to Dr. Kareen Brown:  
kbrown1@galenaparkisd.com