

BOARD OF EDUCATION

Tess Arthur
Sara Hinds
Karl Pallastrini
Todd Weaver
Annette Yee Steck

SUPERINTENDENT

Barbara Dill-Varga, Ed.D.



DISTRICT OFFICE:

P.O. Box 222700
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4380 Carmel Valley Rd.
Carmel, CA 93923

TEL: (831) 624-1546

FAX: (831) 624-1726

www.carmelunified.org

PERMISSION TO ENGAGE IN RESEARCH AGREEMENT

If approved to conduct research in the Carmel Unified School District, I agree to the following terms on the collection and use of data:

1. I agree that I will not disclose to any other party any personally identifiable information obtained in the course of my research unless I have obtained the prior written consent of the parent or eligible student. I will furnish a copy of any such consent to the District. _____ Initial
2. I will advise every study participant of his/her right to refuse to answer any questions either written or oral. This will be stated on any written instrument or prior to any interview for gathering data. _____ Initial
3. I will furnish the Carmel Unified School District a copy of the results of the project. This report will be filed and made available to personnel at their request. _____ Initial
4. I will obtain clearance from the Carmel Unified School District and the schools involved if persons other than those specifically named in this application will work with students and /or district personnel in connection with this project. _____ Initial
5. If district staff have to create data files or provide more than incidental assistance, the researcher will be charged \$50.00 per hour. _____ Initial

SIGNATURE

DATE

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**PERMISSION TO ENGAGE IN RESEARCH
(PER) PROPOSAL FORM**

Name of institution sponsoring research:
Agency funding project:
Project funding level:
Name of project leader:
Name of researcher: Address: Phone Number: Email Address:
Anticipated beginning date:
Anticipated completion date:
Name of Carmel Unified School District Contact:

1. PURPOSE OF STUDY

2. SAMPLE (Who, Number, When)

3. CLASSROOM PROCEDURES (How long, How many times)

4. TREATMENT VARIABLES

5. RESEARCH DESIGN

6. EVALUATION INSTRUMENT (Please supply copy)

7. WHAT IS THE BENEFIT TO THE SCHOOL DISTRICT, SCHOOL AND/OR THE STUDENT FROM PARTICIPATING IN THIS STUDY?