



**Indianapolis Public Schools
Application to Conduct Research**

DIRECTIONS: Please complete this application after reviewing the IPS Outside Research Request Policy for Indianapolis Public Schools. Please type or write legibly.

Submit the completed application via email to Fumie Ichikawa, at ichikawaf@myips.org

Applications may also be mailed or faxed to the below:

Research, Evaluation, and Assessment Department
Indianapolis Public Schools
120 E. Walnut Street
Indianapolis, IN 46204
Phone: (317) 226-4725
Fax: (317) 226-4726

Name	Position
Address	City, State, Zip Code
Phone	Email
Work Address	City, State, Zip Code
Work Phone	Work Email

Member of IPS Staff? NO YES Position _____

Is this research part of an education requirement? NO YES

If answered yes to the above question, please fill out the information below:

Institution:	
Department:	Degree Sought:
Advisor/Professor:	Advisor Phone/Email:

This research is for: a course Master's thesis Dissertation

****Attach additional pages, if necessary to complete the following sections****

Project title:

Brief summary of project purposes:

Value of the study to the Indianapolis Public Schools (applicant's opinion):

Hypotheses to be tested:

Instruments to be used:

Methodology (include information about design, procedures, population, sites and analysis):

Data to be collected:

School Name:

Number of Persons to be Involved:

Administrators _____ Teachers _____ Students _____

Specify Grade Levels:

Administrators _____ Teachers _____ Students _____

Estimated time required for each:

Administrators _____ Teachers _____ Students _____

Date of Submission:

Proposed Starting Date:

Expected Completion Date:

Assurances:

I hereby agree to conduct this project using the procedures and instrument described above and in accordance with the Indianapolis Public Schools' policies regarding research. PROGRESS AND FINAL REPORTS WILL BE SUPPLIED BY THE APPLICANT AND SPECIFIED IN THE POLICY.

Applicant's Signature: _____

****SUBMIT COMPLETED APPLICATION FUMIE ICHIKAWA, AT ICHIKAWAF@MYIPS.ORG OR THROUGH MAIL OR FAX TO THE ADDRESS ON THE FIRST PAGE OF THE APPLICATION****