



EPISD Research Study Sponsor Form External Research Application

RESEARCH APPLICANT SECTION

The Research Applicant must complete the section below before emailing it to the EPISD study sponsor.

Title of Study	
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RESEARCHER INFORMATION

First Name		Last Name	
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APPLICANT REQUIREMENTS

- Applicant must:**
- Contact the appropriate sponsor(s) (Assistant Superintendent(s), Principal(s) or District-level administrator)
 - Ensure the sponsor understands the purpose and scope of the research study
 - Upload the signed sponsor form to the electronic application

EPISD SPONSOR SECTION

EPISD SPONSOR REQUIREMENTS

- EPISD Sponsor must:**
- Carefully read the rights and responsibilities of the EPISD research sponsor
 - Indicate your resolution by checking off the 3 boxes below

As the EPISD sponsor, I understand:

- that research sponsorship is voluntary and I am under no obligation to sponsor any research study,
- that I am responsible for obtaining copies of any signed consent/assent forms and saving for up to 7 years,**
- that I am responsible for securing any partnering materials (MOUs, DSAs, contracts, etc.) that are required,**
- that I am responsible for ensuring only consenting parents/students/staff are included in research activities,**
- that I am responsible for sharing research reports with the ASAP department,
- that I am responsible for ensuring all governing procedures and EPISD External Research Guidelines are followed,
- that I am responsible for overseeing the research, district data collected and district data disseminated,
- the study and what it requires of the staff, students, and/or parents attending the study site(s),
- that the privacy and confidentiality of any staff or student is expected to be protected,
- that I have the right to allow or reject this research study to take place at the study site(s),
- that I have the right to terminate the research study at any time and for any reason,
- that I have the right to review all research documents at any time during the study,
- that data should be released only by the departments that maintain them,
- that data will not be released by campus staff without prior EPISD Research Review Board approval, and
- that an approval letter signed by the Chief Academic Officer is required for any study to take place.

- I WILL be the EPISD sponsor and agree to the above conditions.
- I grant permission for the research study to proceed at the requested study site(s).
- I understand that in all instances the campus Principal can postpone, cancel or deny participation in the study.

You must check all the boxes above, type your name & select the date below, before providing an electronic signature.

EPISD SPONSOR SIGNATURE

EPISD Sponsor Typed Name		Date		Signature	
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Your signature above indicates your agreement to complete all the responsibilities of an EPISD research study sponsor.