

*McLean County Unit District No. 5*

## **EDUCATIONAL RESEARCH & EXPERIMENTATION**

The purpose of educational research and experimentation approved for use in McLean County Unit District No. 5 is to learn more about current practices, improve instruction, and support the overall direction of the educational outcomes of the school district. Approval of research and experimental programs shall be limited to those achieving this goal as well as those requiring minimal loss of student learning time and excess instructional expense to the school district.

Each approved research project and experiment should hold some reasonable opportunity for general infusion into the existing instructional process approved for the students in Unit 5.

The completed application should be returned to Ray Epperson, Deputy Superintendent, Unit 5, 1809 West Hovey, Normal, IL 61761.

### **APPLICANT INFORMATION**

_____	_____
Name	Telephone (Office)
_____	_____
Address	Telephone (Home)
_____	_____
City/State/Zip	Email
_____	
Organization (Department and University)	

### **PROJECT INFORMATION**

(If more space is needed to provide information, please add as an attachment and send along with this completed form.)

**PROJECT PURPOSE:** \_\_\_\_\_

**GRADE(S) INVOLVED IN PROJECT:** \_\_\_\_\_

**TIME REQUIRED TO COMPLETE THE PROJECT:**

A. From \_\_\_\_\_ to \_\_\_\_\_

B. Describe student and/or staff time requirements: \_\_\_\_\_

**BUDGET REQUIRED TO COMPLETE STUDY:**

(List separate Unit 5 funds from other sources. Use separate attachment if necessary.)

**RESEARCH QUESTIONS, DESCRIPTION OF PROGRAM ACTIVITIES AND PROCESS FOR CONDUCTING THESE ACTIVITIES:**

**DESCRIPTION OF EVALUATION PROCESS:**

**PROCESS FOR INFORMATION DISSEMINATION:**

**ASSURANCES**

- 1. The collection and use of data shall not identify individuals or groups included in the study.
- 2. Participation in the project shall be voluntary on the part of students and staff.
- 3. All surveys shall be included with the initial application.

Copies of publications and presentations material should be submitted to the Deputy Superintendent upon acceptance of publication/presentation. Electronic submissions are appreciated.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPROVAL**

\_\_\_\_\_  
Deputy Superintendent Date \_\_\_\_\_ Yes  No