



ATTACHMENT E

Springfield Public Schools  
Assessment, Research, and Accountability Department  
1550 Main Street  
Springfield, MA 01103

**PRINCIPAL SUPPORT TO CONDUCT RESEARCH IN SCHOOL FORM**

Dear Principal:

The Researcher/Principal Investigator identified below has submitted a research proposal to the Assessment, Research, and Accountability (ARA) Department and requested that your school serve as a site for his/her project. While the ARA Department evaluates research proposals in terms of research design, methodology, and compliance with state and federal regulations, the Researcher/Principal Investigator must secure your support and permission to conduct the research project in your school.

The Researcher/Principal Investigator should clearly describe the research project and provide you with a detailed description of the research activities that will take place in your school. **Please complete this form and return it to the Researcher/Principal Investigator so that he/she can submit it to the DLA Department.** All forms must be on file prior to the initiation of the research project.

*All Researchers/Principal Investigators having contact with students must have Criminal Offender Record Information clearances on file in the Human Resource Department of Springfield Public Schools prior to conducting fieldwork*

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**Researcher(s)/Principal Investigator(s):** Click here to enter text.      **Phone Number:** Click here to enter text.

**Title of Research Project:** Click here to enter text.

**Description of what the Research Project Involves:** Click here to enter text.

**School Name:** Click here to enter text.      **Grade Level(s):** Click here to enter text.

**Number of Classes:** \_\_\_\_\_      **Number of Students:** \_\_\_\_\_      **Number of Staff:** \_\_\_\_\_

**Data collection start date:** Click here to enter a date.      **Data collection end date:** Click here to enter a date.

**FOR THE SCHOOL PRINCIPAL ONLY**

**Principal Name:** Click here to enter text.

**This study has been explained to my satisfaction:**       Yes       No

**This study may be conducted in my school:**       Yes       No

**Signature:** \_\_\_\_\_ **Date:** Click here to enter a date.