**Research Statement**

**Instructions**: The researcher should read and sign below the statement. Please return the signed document along with the completed application to:

BISD

Dr. Elizabeth Clark, Associate Superintendent of Curriculum, Instruction, and Accountability

6125 East Belknap Street

Haltom City, TX 76117

Elizabeth.Clark@birdvilleschools.net

I understand that submitting this application does not guarantee that Birdville ISD or its membership will participate in the proposed project. The research project results reporting will be conducted ethically and will abide by Birdville ISD's policies and regulations.

I authorize the district to use the results of this research project unlimitedly and agree to provide electronic copies of the reported findings of the study.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_